



RED-TAILED HAWKS FLYING CLUB

Black Pilots of America, Inc. – Washington State

PARENTAL CONSENT & RELEASE OF LIABILITY

Printed Name of Child Participating in RTH Aerospace Science Camp, Seattle, WA:

Male Female Age: _____ Grade Level: _____ adult t-shirt size _____

Ethnic Identity: Black/African Native American Pacific Islander Hispanic Other _____

Current interests:

Go to college? Yes No Not Sure

Work in a field of science, technology, engineering or mathematics? Yes No Not Sure

Learn to fly? Yes No Not Sure

Make the world a better place to live? Yes No Not Sure

Emergency Contact _____ **Emergency Telephone:** _____

Consent to Attend RTH Aerospace Science Camp

I hereby give permission for my Child (Ward) to attend and participate in the RTH Aerospace Science Camp and its events and STEM activities.

Consent to Medical Treatment

If my Child experiences an injury or illness, or has any perceived medical need, I authorize RTH Aerospace Science Camp's volunteers or agents to take any action they determine necessary for my Child's health and safety. Specifically, I authorize the administration of first aid, emergency medical care, transportation in an ambulance or other vehicle to a medical facility. I further authorize examination, testing, hospital care, surgery, anesthesia or any other care or treatment (including dental care) as they feel is appropriate under the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release RTH Aerospace Science Camp and its directors, officers, employees, volunteers, sponsors and agents from any claims, including claims for medical charges, prescription costs or any other expenses related to such treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Release of Liability

I warrant that my Child is fully capable of safely participating in all RTH Aerospace Science Camp activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time.

I hereby release and indemnify and hold harmless Red-Tailed Hawks Flying Club, BPA, and its directors, officers, volunteers, and sponsors from and against any and all claims, liabilities, losses, damages or expenses (including reasonable attorneys fees), whether suffered by myself, my Child or by a related third party, arising out of injuries to persons, including death, or damage to property resulting from or pertaining to the RTH Aerospace Science Camp. I agree that this release includes the ordinary, special and inherent risks, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of me, my Child, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and my Child. I acknowledge that there are inherent risks in participation and that I have adequate insurance or will have adequate insurance sufficient to assume the risks involved.

