



**RED-TAILED HAWKS FLYING CLUB**

Black Pilots of America, Inc. – Washington State

## PARENTAL CONSENT & RELEASE OF LIABILITY

Printed Name of Child Participating in RTH Aviation Experience, Pearson Field, 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 Aviation Experience

I hereby give permission for my Child (Ward) to attend and participate in the RTH Aviation Experience and its events and flying activities.

### Consent to Medical Treatment

If my Child experiences an injury or illness, or has any perceived medical need, I authorize RTH Aviation Experience'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 Aviation Experience 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 Aviation Experience 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 Aviation Experience. 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



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City, State

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Zip Code