



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 Day 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 Aviation Day Camp

I hereby give permission for my Child (Ward) to attend and participate in the RTH Aviation Day Camp 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 Day 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 Aviation Day 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 Aviation Day 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 Aviation Day 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.

Other Releases and Acknowledgements (Photo Release)

I understand that while my Child is participating in RTH Aviation Day Camp activities photographs, film, audio recordings and videotape of my Child may be taken for use in brochures, videos, and releases to the press, various RTH Aviation Day Camp Event Sponsor publications and other work product. I do hereby irrevocably grant Red-Tailed Hawks Flying Club, BPA, and its assigns permission to record, display and/or to use and reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that Red-Tailed Hawks Flying Club, BPA, does not provide for transportation needs related to the RTH Aviation Day Camp and that it is the responsibility of either me, as the parent or guardian, or the Child's chaperone(s) to either provide or arrange for timely transportation for my Child.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

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List any medical or food allergies of Child (if "None," so state):

Will Child be under any medication while at RTH Aviation Day Camp Event*? No Yes If yes, please provide details:

***All medications must to be in original containers with prescription attached.**

The Red-Tailed Hawks Flying Club, BPA, has my permission to provide my Child with non-prescription medicines as deemed necessary (i.e. aspirin, Tylenol, etc.). Yes No

Please list any over-the counter medicines that should not be given to my Child: _____

Does **Child** have any physical condition or limitations that would restrict participation in any RTH Aviation Day Camp event or activities? No Yes If yes, please provide details:

I represent and warrant that I am the parent or legal guardian of the Child named above and have the full power and authority to enter into this Parental Consent / Release and Indemnification on behalf of myself and the Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

Parent or Guardian Signature

Date Signed

Name Printed

Daytime Phone

Email

Cell Phone

Street Address

Apt / Unit #

City, State

Zip Code