

Cadet Orientation Flight Release, Indemnity, and Assumption of Risk

Air Force Reserve Officer Training Corps and the Civil Air Patrol will arrange for and provide a Cadet Orientation Flight activity. The purpose of the activity is to introduce the cadet to basic flight procedures to include straight and level flight, turns, constant rate turns, basic aerial navigation procedures, and traffic patterns. The academic (ground) phase of instruction will include basic flight planning procedures, aerodynamics, aircraft structures, and aviation safety procedures.

Name of Child: _____

Name of School: _____

By signing below, I grant permission for my child to participate in the Activities described above. This release, Indemnity and Assumption of Risk Statement covers all events associated with the Activities. If I have any concerns about my child's ability to participate, I agree to discuss my concerns with my child's instructor or, if appropriate, with my child's physician before signing this form.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to my child or damage to my property or my child's property while my child is participating in or observing the Activities, or traveling to or from the Activities. I agree, on my behalf and on behalf of my child, to indemnify Washington County School District, Air Force Junior Reserve Officer Training Corps, Above View Jet Center and the Civil Air Patrol and each of their employees, agents, affiliates, successors and assigns (collectively, the "Indemnified Parties") and not to sue the Indemnified Parties for any harm or damage associated with my child's participation, observation, or travel if the harm or damage is not due to the negligence or fault of any of the Indemnified Parties. I understand that my child's participation in these Activities is voluntary.

If my child requires emergency medical treatment, please contact:

- Name of Parent or Legal Guardian: _____
- Home/Cell Phone: _____ Work Phone: _____
- Name of Alternate Emergency Contact: _____
- Home/Cell Phone: _____
- Work Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

- Doctor: _____ Phone: _____

I consent to the provision of emergency medical treatment for my child to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

Signature of Parent or Legal Guardian: _____ Date: _____