



PILOTS FOR PATIENTS – Ground Transportation Release Form

You must sign this form if you are to be a passenger in a Pilots For Patients vehicle. By signing this form you agree that in exchange for the free ground transportation, you give up any rights you may have to recover any damages in the event of an accident, incident cancellation or delay in connection with this Pilots For Patients mission.

Pilots For Patients MISSION # _____ Mileage Roundtrip _____

AUTHORIZATION RELEASE AND INDEMNITY FORM

I (we) understand that the Driver (Name) _____ will be driving a (Make/Type), _____ with vehicle license number _____, on (Date) _____ is/are voluntarily donating his/her/their time and vehicle for the proposed ground transportation, which is being operated at the request of Pilots For Patients, a Louisiana non-profit corporation.

I (we), the undersigned passenger(s):

- (Name 1) _____
- (Name 2) _____
- (Name 3) _____

in consideration for the furnishing of such direction, services, time, skill and ground transportation and other related costs and expenses do hereby forever release and discharge the said driver, vehicle owner(s) and /or leaser(s) (as applicable) and their heirs and assigns (the “Released Parties”) from any and all claims, demands, liability (under federal law or the law of any state or country), fees, expenses and cost of any kind whatsoever which the said passenger will have or will claim to have or may have on account of, or in any way related to, directly arising or alleged to have arisen from such proposed flight involving me and/or the transportation of organs (including blood or any bodily tissues or fluids) on my behalf.

I (we) further release Pilots For Patients, together with its officers, directors, agents, employees, heirs, and successors in interest of any of the foregoing (also “Released Parties”) from any and all claims, demands, liability (under federal law or the law of any state or country) fees, expenses and cost of any kind whatsoever which I (we) will have or will claim to have or may have on account of, or in any way related to, directly arising or alleged to have arisen from such proposed ground transportation involving me and/or the transportation of organs (including blood or any bodily tissues or fluids) on my behalf.



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This release is intended to cover all injuries and conditions of health or death which may or may not be immediately apparent following the ground transportation, or which may at any time thereafter develop from injuries, mental or physical, received or claimed to have been received at the time of the ride or in connection with such ride including the cancellation or delay of such ground transportation and the failure to provide a return ride.

In consideration for services furnished by the Driver and other services furnished by the aforementioned parties. I (we) do hereby covenant and agree to protect and save harmless and fully indemnify the Released Parties from any and all liability in connection with the proposed transportation, including the cancellation or delay of such ride and the failure to provide a return ride and including death or injury due to the negligence of any or all of the Released Parties.

I (we) understand by executing said release that I (we) regard the consideration in the form of services, ground transportation, etc. being furnished by the Released Parties, or other agencies in the form of personalized ground transportation to constitute significant material and valuable consideration being offered in exchange for this release.

This agreement shall be binding upon my heirs, assigns, and successors in interest of all parties hereto. Further, any party may enforce this agreement hereto and by any person and/or organization identified in this agreement. The parties agree that the laws of the State of Texas shall govern this agreement.

I (we) have read and fully understand the above statement and intend to be legally bound by my signature. In connection with any portion of the above statement, which I (we) do not understand, I (we) have sought the advice of legal counsel. In the event that I (we) have not sought legal counsel, such failure to seek legal counsel was due exclusively to my clear understanding of every term and condition contained in this release.

(Signature 1) _____ Date _____

(Signature 2) _____ Date _____

(Signature 3) _____ Date _____

Please initial below if you agree to allow Pilots For Patients to use your name and photographs in any reports of the proposed ride, which might appear in newspapers, radio, television or other Pilots For Patients public relations activity.

I (we) agree to the use of my name to publicize Pilots For Patients activities. (Initials.)
_____ (If you do not agree to public use of your name, it will not be so used.)

**Pilots For Patients
3127 Mercedes Dr, Monroe, LA 71201**