



PILOTS FOR PATIENTS  
**(TO BE MAILED PRIOR TO FLIGHT)**  
 PILOTS FOR PATIENTS  
 AIR TRANSPORT WAIVER OF LIABILITY

<b>Temperature</b>	
(temp)	(initial)
PIC: _____:	_____
P: _____:	_____
C: _____:	_____

1. Pilots For Patients, a non-commercial, non-profit volunteer public service organization, and its volunteer pilot(s) including

PILOT NAME  
MISSION

hereby agree to provide the following passenger(s)

PATIENT NAME

with air transportation, free of charge, for the passengers convenience in obtaining, assisting with or returning from medical treatment or diagnosis, or for other compelling human needs as are determined suitable for Pilots For Patients missions.

2. It is understood that Pilots For Patients pilots are volunteering their services and aircraft and are not financially reimbursed for their services, or the expenses of their agreeing to perform Pilots For Patients Missions. As such, Pilots For Patients, and those persons acting on its behalf, including mission coordinators, referring agencies, board members, pilots, and all others associated with Pilots For Patients, are relying upon the signing of this Waiver in return for their providing charitable services.

3. Adults: In consideration for receiving this air transportation free of charge, I agree to **HOLD HARMLESS** Pilots For Patients, its volunteer pilot(s), and those persons acting on its behalf, including missions coordinators, referring agencies, board members, pilots, and all others associated with Pilots For Patients who have assisted in arranging Pilots For Patients transportation, **(from any and all liability, including, but not limited to liability for exposure to infectious diseases and for negligence)** for any personal injury or property damage I might suffer, and for any wrongful death action which my heirs and/or my Estate might bring arising from my being a passenger on an aircraft or ground transportation provided by Pilots For Patients, and operated by pilots or others acting on behalf of Pilots For Patients. **THIS MEANS THAT NEITHER I, NOR MY HEIRS OR ESTATE, MAY PURSUE ANY CLAIM FOR DAMAGES ARISING OUT OF PILOTS FOR PATIENTS VOLUNTEER TRANSPORTATION.**

Minors or Legally Incompetent Individuals: In consideration for receiving this transportation free of charge, and on behalf of the minor/legally incompetent individuals who are to be transported, I agree to **HOLD HARMLESS** Pilots For Patients, its volunteer pilot(s), and those persons acting on its behalf, including mission coordinators, referring agencies, board members, pilots, and all others associated with Pilots For Patients, from any and all liability, including, but not limited to, liability from negligence for any personal injury or property damage I/we, or the minor/legally incompetent passenger might suffer, and for any wrongful death action which their heirs and/or Estate might bring arising from said minor/legally incompetent individual being a passenger on a flight or ground transportation arranged by Pilots For Patients. **THIS MEANS THAT ON BEHALF OF THE MINOR/LEGALLY INCOMPETENT INDIVIDUAL I AM AGREEING THAT NEITHER THE MINOR/LEGALLY INCOMPETENT INDIVIDUAL, NOR HIS/HER HEIRS OR ESTATE, MAY PURSUE AGAINST THOSE PERSONS OR ENTITIES AS DESCRIBED HEREIN ANY CLAIM FOR DAMAGES ARISING OUT OF PILOTS FOR PATIENTS VOLUNTEER TRANSPORTATION.**

THE UNDERSIGNED HEREBY AFFIRMS LEGAL GUARDIANSHIP AND/OR RESPONSIBILITY OVER THE MINOR/LEGALLY INCOMPETENT PASSENGER(S) BEING TRANSPORTED BY PILOTS FOR PATIENTS, AND AGREES TO **INDEMNIFY, SAVE, DEFEND, AND HOLD HARMLESS** PILOTS FOR PATIENTS, ITS VOLUNTEER PILOT(S), AND THOSE PERSONS ACTING ON ITS BEHALF, INCLUDING MISSION COORDINATORS, REFERRING AGENCIES,



**PILOTS FOR PATIENTS**

BOARD MEMBERS, PILOTS, AND ALL OTHERS ASSOCIATED WITH PILOTS FOR PATIENTS, REGARDING ANY CLAIM FOR INJURIES, DEATH, OR DAMAGES WHICH SAID MINOR/LEGALLY INCOMPETENT INDIVIDUAL MAY BRING, OR WHICH MAY BE BROUGHT ON THEIR BEHALF(S), AS A RESULT OF BEING TRANSPORTED ON AN PILOTS FOR PATIENTS AIRCRAFT OR GRUOND TRANSPORTATION.

I hereby consent to the minor/legally incompetent passenger mentioned herein being transported on Pilots For Patients arranged transportation.

4. I understand it is my sole and exclusive responsibility to purchase any flight or accident insurance should I desire to be insured on this flight.

5. In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.

6. I understand that more than one (1) patient may be aboard this flight.

**NOTE: THIS RELEASE MAY BE USED, AND IS DEEMED VALID, AS TO ALL PILOTS FOR PATIENTS MISSIONS ON WHICH THE UNDERSIGNED, OR THE MINOR(S)/MENTALLY INCOMPETENT(S) ON WHOSE BEHALF THIS RELEASE IS BEING SIGNED, ARE PASSENGERS.**

7. As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms. (NOTE: To be signed by each adult passenger, or if a minor/legally incompetent, by both parents, or if only one parent is available, that parent, or that person with sole legal custody, or the legal guardian/conservator of the minor/legally incompetent passenger)

\_\_\_\_\_ DATED: \_\_\_\_\_

\_\_\_\_\_ DATED: \_\_\_\_\_

**TO BE SIGNED BY PILOTS FOR PATIENTS MISSION FLIGHT ASSISTANTS**

I have read and understand all of the above. As a Mission Flight Assistant I agree to **hold harmless** Pilots For Patients, its volunteer pilot(s), and those persons acting on its behalf, including mission coordinators, referring agencies, board members, pilots, and all others associated with Pilots For Patients, from any and all liability including, but not limited to, liability for negligence for any personal injury or property damage I might suffer, and for any wrongful death action which my heirs and my Estate might bring arising from my being a mission flight assistant on a flight arranged by Pilots For Patients. **This means that neither I, nor my heirs or Estate, may pursue against those persons or entities as described herein any claim for damages arising out of Pilots For Patients volunteer transportation.**

\_\_\_\_\_ DATED: \_\_\_\_\_

**PHOTO RELEASE**

I understand that in order to continue providing its free community service, Pilots For Patients relies upon contributors, which are in part solicited through publicity. In order to contribute to its efforts, I grant Pilots For Patients permission to take and use my photograph for promotional, public relations and related uses. Passenger #1 (initial) \_\_\_\_\_ Passenger #2 (initial) \_\_\_\_\_

Send by US Mail to :  
**Pilots For Patients**  
**3127 Mercedes Dr, Monroe, LA 71201**