



The Tom Wathen Center at Historic Flabob Airport

Program Waiver

Please print legibly.

This Programs Registration covers all young people, under the age of 18, for participation in any "Programs" at Historic Flabob Airport. The fully completed form must be returned prior to the commencement of any Program in which the young person, called the "Participant," wishes to participate.

PARTICIPANT INFORMATION:

First, Last Name _____ Age _____

PARENT/GUARDIAN INFORMATION:

Last _____ First _____

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

MEDICAL INSURANCE INFORMATION:

No special health and/or accident insurance coverage is provided for this event. Please supply the following information about your coverage. It is recommended that participants also carry identification for personal medical/hospital insurance coverage.

Name of Insured: _____ Employer: _____

Employee ID Number _____ Insurance Company: _____

Group Number: _____ Policy _____

Number: _____ Address of Claims _____

Office: _____ Claims Office _____

Telephone: (____) _____

MEDICAL TREATMENT AUTHORIZATION:

I hereby give permission in the event of a medical emergency, to summon paramedics and other first responders as needed. We will then attempt to reach the parents or guardians at the contact number provided. If there is any medical information you think we or paramedics should know, please write it here:

If the parents/guardians cannot be reached in an emergency, contact:

EMERGENCY CONTACT #1:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT #2:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

**AGREEMENT TO WAIVE LIABILITY, TO ASSUME RISK, AND TO INDEMNIFY
IMPORTANT NOTICE**

Before signing this Agreement, read this entire document very carefully. This is because, if an accident were to occur involving the Participant, you will (by signing this agreement) be giving up legal rights that you or your child might otherwise have and you might be incurring legal liabilities that you might not otherwise have. If you do not understand anything in this document, or if you object to anything in this document, you should not sign the Agreement, and you should instead consult an attorney. For questions, please contact John Lyon at (951) 683-2309.

I am the parent or legal guardian of the child named below (the "Participant"), entering into this Agreement on my behalf and on the behalf of the Participant, and our personal representatives, assigns, heirs and next of kin. In return for the benefits that the Participant will receive from participating in The Tom Wathen Center at Historic Flabob Airport's Programs, I agree as follows:

1. ASSUMPTION OF RISK. THE PARTICIPANT AND I ASSUME ALL RISKS OF INJURY OR DEATH TO HIM OR HER, AND WE ALSO ASSUME ALL RISKS OF DAMAGE TO PROPERTY BELONGING TO EITHER OF US, OCCURRING AS A RESULT OF HIS OR HER PARTICIPATION IN THE TOM WATHEN CENTER at HISTORIC FLABOB AIRPORT'S PROGRAMS.

2. RELEASE, DISCHARGE, AND AGREEMENT NOT TO SUE. THE PARTICIPANT AND I RELEASE AND DISCHARGE THE TOM WATHEN CENTER AND FLABOB AIRPORT FROM ALL CLAIMS THAT WE MIGHT OTHERWISE HAVE AGAINST THE TOM WATHEN CENTER AND FLABOB AIRPORT FOR ANY INJURY OR DEATH RESULTING TO THE PARTICIPANT, OR FOR ANY DAMAGE TO OUR PROPERTY, AS A RESULT OF HIS OR HER PARTICIPATION IN THE TOM WATHEN CENTER at HISTORIC FLABOB AIRPORT ACTIVITIES.

3. AGREEMENT TO HOLD HARMLESS AND INDEMNIFY. THE PARTICIPANT AND I WILL HOLD THE TOM WATHEN CENTER AND FLABOB AIRPORT HARMLESS FROM (THAT IS, WE WILL INDEMNIFY THE TOM WATHEN CENTER AND FLABOB AIRPORT) ANY THIRD PARTY CLAIM FOR INJURY, DEATH, OR DAMAGES OCCURRING AS A RESULT OF THE PARTICIPANT'S PARTICIPATION IN THE TOM WATHEN CENTER at HISTORIC FLABOB AIRPORT'S PROGRAMS.

I understand that this assumption of risk, release, and hold harmless agreement shall apply EVEN IF the injury, death or damages results from The Tom Wathen Center's or Flabob Airport's PASSIVE OR ACTIVE NEGLIGENCE, although I also understand that it will not apply to any liability for harm that is caused by an intentional or reckless act by The Tom Wathen Center or Flabob Airport.

PERMISSION FOR AIRCRAFT FLIGHT

I HEREBY GRANT PERMISSION AND INDEMNITY TO THE Tom Wathen Center, Flabob Airport, EAA Chapter One, associated organizations, officers and employees; aircraft owners and pilots for the flight activities of The Tom Wathen Center at Historic Flabob Airport. All flights will be accomplished in aircraft operating and currently licensed under the regulations of the Federal Aviation Administration. Experienced pilots, appropriately licensed by the Federal Aviation Administration will be "pilot in command" of each flight. All flights will be under FAA Visual Flight Rules during the program.

PUBLICITY RELEASE

I agree to allow the Participant's name and picture to be used in advertising and publications for The Tom Wathen Center at Historic Flabob Airport. I acknowledge that I will not receive any compensation for such pictures.

Dated: _____

Name of Participant (Printed): _____

Signature of Participant: _____

Parent or Guardian's Name (Printed): _____

Parent or Guardian's Signature: _____

Notice Of Nondiscriminatory Policy - The Tom Wathen Center admits students and youth of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the Tom Wathen Center. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and all other programs offered by it.