

# Airplane Flight Consent Form and Approval by Parents or Legal Guardian

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First Name of Participant	M.I.	Last Name
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Birth Date (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age During Activity: \_\_\_\_\_

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Address

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City	State	Zip Code
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Has approval to participate in a flight from Erie Ottawa International Airport (EOIA), Port Clinton, Ohio and fly to Put-in-Bay, Ohio, over Lake Erie or other related area and then return to EOIA.

From \_\_\_\_\_ to \_\_\_\_\_, 2016.  
Date Date

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in this type of event, flying in an aircraft, involves the risk of personal injury, including death, due to unforeseen circumstances, physical, mental and emotional challenges in the activities offered. Detailed information about this activity may be obtained from the venue, activity coordinators, flying service, local troop or scout leaders. I also understand that participation in these activities are completely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

In case of emergency involving my child, I understand that efforts will be made to contact me. In the event of an emergency that I cannot be contacted or reached, permission is hereby given to a medical provider to secure proper and qualified treatment, including hospitalization, anesthesia, surgery, medical procedures, injections and/or medication(s) for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child/participant. Protected Health Information / Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purpose of medical evaluation of the participant, follow-up and communication with the participant's parent(s) or guardian, and/or determination of the participant's ability to continue in the program activity.

**With appreciation of the dangers and risks involved with an aircraft flight and related aviation activities including the preparations for, loading and unloading of passengers from an aircraft, being seated and sitting in an aircraft, on my own behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise, physically and materially, against the Liberty Aviation Museum, Griffing Flying Service, Erie-Ottawa International Airport, the Boy Scouts of America, the local council, the local troop, the local troop leaders, the activity coordinators, and all employees, volunteers, related parties, or other individuals or organizations associated with the flight, program or activity.**

**Note: All of the individuals listed above cannot continually monitor compliance of activity participants or any limitation imposed upon them by parents, legal guardians or medical providers. It is required that the parent(s), legal guardian(s) or medical provider(s) list or provide official documentation of any restrictions imposed on a child/participant in connection with participating in a flight and the parent(s), legal guardian(s) or medical provider(s) counsel and advise the child/participant to comply with those restrictions and all other instructions.**

List participant restrictions, if any: \_\_\_\_\_

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Parent / Legal Guardian Signature	Date: _____	Parent / Legal Guardian Printed Name
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Area Code and Phone Number (Emergency Contact)	Email
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