AGREEMENT, CONSENT, WAIVER AND LIABILITY RELEASE

----READ CAREFULLY BEFORE SIGNING----

I/we am/are the parent(s)/guardian(s) of ________________________________
(my child). In consideration of my child being permitted to participate in (select one)

☐ Ride as passenger on dual training flight;
☐ Ride as passenger on personal use flight;
☐ Participate in a discovery flight;
☐ Other (be as specific as possible) ________________________________

I understand and agree as follows:

I understand that my child will be involved in activities that may include flight instruction, and will
include passenger flight, I understand that flight instruction, passenger flight, are potentially dangerous
activities that could result in personal injury, property damage, and death. I further understand and
agree that my child is under no obligation to participate in the above described activity and I am
permitting him/her to do so voluntarily.

In consideration of my child being allowed to participate in this activity I hereby release, relieve,
discharge, and hold harmless and shall indemnify Western Michigan University, its trustees, officers,
employees, and agents from any and all liability or claims of liability, whether for personal injury,
property damage, death, or otherwise, arising out of or in connection with my child’s participation in
the above described activity.

If any emergency medical procedures or treatment are required while my child is participating in the
above activity or is otherwise in the care of Western Michigan University, I consent to Western
Michigan University employees, representatives, or agents administering, arranging for, or consenting
to the procedures or treatment in his/her discretion

To the fullest extent permitted by law, I assume full responsibility and risk, including financial
responsibility, for any and all losses, injuries or damages, including medical expenses, which my child
may sustain when on or about the property of Western Michigan University or when participating in
the above described activity.

I, for my child, heirs, administrators, personal representatives or assigns, release, waive and discharge,
and further agree to indemnify, hold harmless and/or reimburse Western Michigan University and its
board, officers, employees, agents, representatives, insurers, and others acting on their behalf, of and
from all claims, demands, and actions which I, any other parent or guardian, any sibling, the student, or
any other person or legal entity may have or claim to have, known or unknown, directly or indirectly,
for any losses, damages, or injuries arising out of, during, or in connection with my child’s enrollment
and/or participation in the above described activity or the rendering of emergency medical procedures
or treatment, if any.
I also give permission to Western Michigan University to take photographs, slides, and/or video pictures of my child and to copyright and/or publish the photographs, slides, and/or video pictures of my child for educational or marketing purposes. I hereby waive any right to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I further release and discharge Western Michigan University, its trustees, officers, employees, and agents from any and all liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the making of said pictures, or in any processing tending towards the completion of the finished product.

I further acknowledge and agree that if my child violates any rules and regulations associated with the above activity my child will be subject to dismissal from all remaining activities. If dismissed, my child will be required to contact me/us, the undersigned, who will be responsible for picking up my/our child immediately. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature_____________________________ Date:____________________________

Printed Name:____________________________ Telephone #:________________________

Signature_____________________________ Date:____________________________

Printed Name:____________________________ Telephone #:________________________

THIS AGREEMENT IS NOT VALID UNTIL APPROVED BY THE DEAN, DIRECTOR OF OPERATIONS, CHIEF OR ASSISTANT CHIEF FLIGHT INSTRUCTOR.

(REFERENCE FOM § WMU 61.55)

APPROVED BY;

PRINTED NAME:__________________________

DATE:_________________________ SIGNATURE:__________________________

ONCE APPROVED, THIS AGREEMENT IS TO BE PRESENTED AND KEPT ON FILE AT FLIGHT DISPATCH FOR THREE YEARS.