

KNOWING AND VOLUNTARY EXECUTION: I HAVE CAREFULLY READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Passenger #1 _____ Dated: _____
Printed Name: _____

Passenger #2 _____ Dated: _____
Printed Name: _____

Mission Assistant: _____ Dated: _____
Printed Name: _____

Parent/Guardian Permission, Waiver and Release, and Certification of Entitlement to Transport Child Across State Lines: I certify that I am the above child's or mentally incompetent's parent or legal guardian. As such, I have carefully read and understand this document in its entirety and, on behalf of myself and the child or legally incompetent individual to be transported, and in consideration for receiving Mercy Medical Angels Transportation free of charge, I hereby (a) give the child or mentally incompetent permission to undergo Mercy Medical Angels Transportation; (b) WAIVE and RELEASE all claims, causes of action and suits against RELEASEES for HARM arising from Mercy Medical Angels Transportation; and (c) certify that I am legally entitled to take the child across a state line for the purpose to be achieved by the Mercy Medical Angels Transportation.

Parent/Legal Guardian _____ Dated: _____
Printed Name: _____

PHOTO RELEASE

I understand that in order to continue providing its free community service, Mercy Medical Angels relies upon contributions which are in part solicited through publicity. In order to contribute to its efforts, I grant Mercy Medical Angels permission to take and use my/my child's photograph for promotional, public relations and related uses.

Passenger #1 (initial) _____ Passenger #2 (initial) _____

COMMAND PILOT AFFIRMATION

I certify that I am in compliance with all provisions of the Pilot Affirmation I agreed to when I became a Command Pilot, including but not limited to:

1. I meet all applicable requirements of the Federal Aviation Regulations to act as pilot in command
2. My medical certification is current and I am aware of no medical deficiency that precludes my acting as pilot in command per FAR 61.53.
3. If I intend to conduct this flight under IFR, I meet all requirements for recent flight experience contained in FAR 61.57 including instrument experience under FAR 61.57(c)
4. The aircraft to be flown has a valid standard airworthiness certificate (normal, utility, acrobatic, commuter or transport category) and is airworthy in all respects per FAR Part 23 for flights carrying passengers.
5. Whether flying rented or owned aircraft, I have in force liability insurance applicable to the flight providing minimum coverage of \$1,000,000 per occurrence and \$100,000 per seat.
6. If I am renting an aircraft, I have met the requirements of the renting agency for currency. If I belong to a flying club, I am a member in good standing and I have met all requirements to fly club airplanes for which I am approved.
7. I have flown at least 50 hours as pilot-in-command in the last 12 calendar months. If not, within the last 12 months I have completed: a Flight Review (per FAR 61.56); added a new Rating; or completed an Instrument Proficiency Check (per FAR 61.57(d)).
8. I have at least 500 PIC hours and at least 50 of these hours have been logged as pilot-in-command for cross country flight; or I hold a valid Commercial certificate and at least 75 hours as pilot- in-command for cross country flight, or a valid Airline Transport Pilot certificate.

Command Pilot: _____ Dated: _____

Send by US Mail or FAX prior to flight to: Mercy Medical Angels, 4620 Haygood Road, Virginia Beach, VA 23455
Toll Free Phone: 800-296-3797 | Fax: 855-827-6026

