

MISSION: AFE #



Return to:
1501 Narcissa Road, Blue Bell, PA 19422
toll free: 1-800-383-9464
phone: 215-358-1900 ■ fax: 215-358-1999

AIR TRANSPORT WAIVER OF LIABILITY (Passenger)

(1) Angel Flight East, a non-commercial, nonprofit, volunteer public service organization and the volunteer pilot(s) named below.

| | | |
|--|-----|--|
| | and | |
|--|-----|--|

hereby agree to provide the following passenger(s) listed below with air transportation, free of charge, for the passenger's convenience in obtaining, assisting with or returning from medical treatment or diagnosis from _____ to _____ on _____(date).

(2) **WAIVER OF LIABILITY.** By signing this Waiver, I agree that I will not make any claim or file any lawsuit against Angel Flight East or its officers, directors, employees or volunteers, including pilot(s) on account of any damage to property or personal injuries (including death) sustained in connection with any aspect of the services rendered by Angel Flight East or the volunteer pilot(s). I understand that this waiver applies even to damages, injuries or death resulting from negligence. I intend that this waiver be legally binding on me, my heirs, executors and assigns and to any minor or incompetent on whose behalf I am signing as well as their heirs, executors and assigns.

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

(4) This waiver shall be governed by the laws of the Commonwealth of Pennsylvania.

(5) As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms.

(6) I have received a copy of 'Information for Angel Flight East Passengers.' I have read and understand this information, and my questions, if any, have been answered to my satisfaction.

| | | |
|-----------------|--|--|
| Print Name 1 | | |
| Street Address | | |
| City, State ZIP | | |
| Signature Date | | |

| | | |
|-----------------|--|--|
| Print Name 2 | | |
| Street Address | | |
| City, State ZIP | | |
| Signature Date | | |

Please check to agree to Patient/ Passenger Photo & Media Release

Please check to agree to Patient/ Passenger Photo & Media Release

| | | |
|-----------------|--|--|
| Print Name 3 | | |
| Street Address | | |
| City, State ZIP | | |
| Signature Date | | |

| | | |
|-----------------|--|--|
| Print Name 4 | | |
| Street Address | | |
| City, State ZIP | | |
| Signature Date | | |

Please check to agree to Patient/ Passenger Photo & Media Release

Please check to agree to Patient/ Passenger Photo & Media Release

PILOT CERTIFICATION

I hereby certify that, with respect to this flight:

- a. I meet all applicable requirements of the Federal Aviation Regulations to act as pilot in command (or second in command).
- b. My Medical Certificate is current and I am aware of no medical deficiency that precludes my acting pilot in command (or second in command) per FAR 61.53.
- c. I meet all requirements for recent flight experience contained in FAR 61.57 **including instrument experience under FAR 61.57(c), regardless of whether I intend to make this flight under IFR.**
- d. The aircraft to be flown is airworthy in all respects.
- e. There is insurance coverage in force and the policy contains no exclusions for any anticipated operation.

Pilot in command:

Second in Command (if required crewmember):

_____ Date: _____

_____ Date: _____