



FLIGHT FOR LIFE – Fond du Lac Base
Mock Patient Participant Release & Indemnity Agreement – MINOR
(Parent/Legal Guardian Permission Slip: Complete this form if participant is a MINOR)

Description of Activity: Short ride as a passenger in **FLIGHT FOR LIFE** Helicopter by a MINOR

Type of Activity: _____ Date and Time of Activity: _____

Please PRINT minor child's name: _____ is eligible to participate in a school or EMS/fire department-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from (please PRINT school or EMS/fire department name) _____ and **FLIGHT FOR LIFE**.

REQUIRED INFORMATION:

Participant's weight _____ pounds (Weight limit is 200 pounds.) Participant's Birthdate: ____/____/____

If a mock patient/student is transported to an alternate location (hospital, fire department or other agreed upon location) during the drill, someone must be waiting at that site to pick him/her up when the aircraft arrives. I understand that the helicopter will not be shutting down to wait with the mock patient/student for someone to arrive as the **FLIGHT FOR LIFE** crew and helicopter must be ready to respond to a transport request.

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify **FLIGHT FOR LIFE** against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless **FLIGHT FOR LIFE** against any claim or cause of action whatsoever brought against **FLIGHT FOR LIFE** which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of the parish/school or EMS/fire department to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature	Please PRINT Parent/Legal Guardian Name	Date
Address	City	State Zip Code
Home Phone Number (including area code)	Work or Cell Phone Number (including area code)	

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name: _____ (Please PRINT Name) Phone Number: _____ (including area code)

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity:

Please return this completed form to us – AT LEAST ONE WEEK BEFORE THE EVENT:
 via MAIL: **FLIGHT FOR LIFE**, Attn: Jayce Commo, 176 S. Rolling Meadows Drive, Fond du Lac, WI 54937
 OR via FAX: (920) 924-0089, Attn: Jayce
 OR via SCAN & E-MAIL: jcommo@mrmcffi.org