



Permission Form

Student's Name _____

Street Address _____

Phone _____ Cell _____

I, _____, the Parent /Legal Guardian of

_____, ("the Student"), a minor, do

hereby give my permission for the Student to participate in all flight training activities conducted by J.A. Flight Services, which shall include but not be limited to both in air and on the ground flight training, for the dates listed below.

I certify that the Student is in good physical condition, and does not suffer from any physical or mental conditions or impairments that would prevent him/her from participating in the aforementioned flight training activities. I further certify that I understand and acknowledge that participation in flight training activities involves a certain degree of risk of injury, and I have considered this risk in granting the Student permission to participate in the aforementioned flight training activities. I understand that in the event of an emergency, J.A. Flight Services will make every effort to contact me, but in the event I cannot be reached, I give my permission to the medical provider selected by J.A. Flight Services to render treatment to the Student, including hospitalization, anesthesia, surgery, and the administration of medication.

I understand that JA Flight Services is a separate entity that is in no way affiliated with Culver Academy.

Parent's Signature _____ Date _____

Start Date _____ through _____

Indemnity and Waiver of Claim

I, the undersigned, agree on behalf of myself, the Student, and his/her heirs, without limitation and to the fullest extent permitted by law, to indemnify and hold harmless the JA Flight Services, its employees, officers, directors, volunteers, and agents from any and all bodily injury, death or property damage sustained by Student while participating in the abovementioned flight training activities, including but not limited to any cost, expense, or legal fees incurred as a result of any claim relating to the student's participation in said activities.

Parent's Signature: _____ Date _____

Parent's address: _____

Phone number: _____