

**Parental Consent/Liability Release**

As parent/guardian of \_\_\_\_\_ I hereby give my permission for my child or ward to attend and participate in activities sponsored by the Young Aviators (YAs). I hereby hold harmless the YAs, it's directors, officers, volunteers, participants, and any other agent of the YA organization for any bodily injury, illness or disease, or for loss or damage to any property. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation.

I am aware that the nature of the events, work sessions, and activities . I believe that my dependent has the experience and capabilities to safely participate at this time. I will inspect the premises, facilities, and equipment to be used. If I or my dependent believe anything is unsafe, I will instruct him/her to immediately leave the area and refuse further participation.

Young Aviators are required to wear protective eye wear, ear protection, and any other appropriate protective gear. Refusal to use proper protection may result in injury and the YA will be asked to excuse themselves from the activity. YAs may also be asked to excuse themselves should actions or behavior impede or obstruct the activities of other participants, or if the actions/behavior endanger the safety of other participants.

All participants must wear shoes or sneakers during work sessions. No flip flops, open toed shoes or sandals are allowed in work areas.

I understand that during Young Aviator meetings, activities, and work sessions that my child may be photographed. I agree to allow such photos and videos to be used for any legitimate purpose by the Mile High EAA Chapter 43, the EAA, Young Aviators 43, event holders, sponsors, organizers, and assigns.

The undersigned does also hereby give permission for said child to ride in any vehicle designated by the YAs while attending or participating in activities sponsored by the YAs.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the medical provider to secure proper treatment for my dependent. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical/dental emergency treatment.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read and understand the content in this document.

\_\_\_\_\_  
Dependent's name (printed)

\_\_\_\_\_  
Young Aviator's signature      Date

\_\_\_\_\_  
Parent name (printed)

\_\_\_\_\_  
Parent's signature      Date

Cell # \_\_\_\_\_

*Please complete alternate emergency contacts on*

*reverse*

Alternate emergency contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Alternate emergency contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_