

Angel Flight West Camp Request Form Cover Sheet

- Call Angel Flight West and give camp dates and approx. number of campers as soon as camp date is set
- Identify campers that need Angel Flight West
- Call Angel Flight West to confirm camp dates & approx. # of campers
- Assemble information and fax to Angle Flight West (1 month prior to camp) See Request sheet for necessary information
- Update/verify information on repeat campers (ie: wt., contact #'s etc)
- Send attached letter from Angel Flight West to families
- Collect Waivers of Liability and Medical Releases
- Fax Waivers and Releases to Angel Flight West (2 weeks prior to camp)
- Receive list of pilots and phone numbers from Angel Flight West
- Contact, as needed pilots and/or families with flight arrangements.
- Assign a contact person at airports to help coordinate between pilots and campers. (Helpful for larger camps)

Angel Flight West Camp Request Form Cover Sheet

Please fill in the following for the camp itself. Then fill in the following pages for each individual camper. If you have any questions, please don't hesitate to call 1-888-426-2643.

Fax completed forms to 1-310-397-9636

Requesting Agency: _____

Requester Name: _____

Camp Contact Name(s): _____

Camp Phone Number: _____

Additional Camp Phone Numbers: _____

Pick Up Date: _____ Arrival Time at Destination: _____

Return Date: _____ Departure Time: _____

Total # of Campers: _____

If all campers are leaving from the same spot, fill in below. If campers are leaving from different airports, please fill in on individual request forms. We can help you identify airports if necessary.

Originating Airport: _____

Destination Airport (closest to camp): _____

Additional Comments: _____

* It is helpful to have multiple camp contact #'s as often times cell phones do not work in camp areas.

Angel Flight West Camper Request Form

You may use your own database system/form as long as all fields below are included. We can help identify airports if needed. Please make copies of this sheet for multiple campers.

Camper Name: _____ DOB _____ Wt. _____

Street: _____ City, State, Zip _____

Phone Number: _____ E-mail Address _____

Other Phone Numbers: _____

Please include as many #'s as possible for easy contact along with type of phone (work, cell, neighbor etc)

Medical Condition: _____ Home Airport: _____

Special Needs: _____

Parent / Guardian Names (circle one): _____

Camper Name: _____ DOB _____ Wt. _____

Street: _____ City, State, Zip _____

Phone Number: _____ E-mail Address _____

Other Phone Numbers: _____

Please include as many #'s as possible for easy contact along with type of phone (work, cell, neighbor etc)

Medical Condition: _____ Home Airport: _____

Special Needs: _____

Parent / Guardian Names (circle one): _____

Camper Name: _____ DOB _____ Wt. _____

Street: _____ City, State, Zip _____

Phone Number: _____ E-mail Address _____

Other Phone Numbers: _____

Please include as many #'s as possible for easy contact along with type of phone (work, cell, neighbor etc)

Medical Condition: _____ Home Airport: _____

Special Needs: _____

Parent / Guardian Names (circle one): _____



Medical Release for Angel Flight West Camp Flight

Your patient, _____ has requested assistance with transportation for his/her medical needs. In order for this to occur, please print your name and sign the following to confirm that this patient may safely fly in a small non-pressurized aircraft. If you have any questions, please call us at: (310) 390-2958.

Thanks for your cooperation in assisting this patient.

_____, is medically stable and able to fly in a non-pressurized small aircraft.

In addition, I confirm that the patient does not have any medical/psychiatric conditions that could affect the safety of the flight. Such conditions could be (but are not limited to): seizures, psychiatric conditions, and/or conditions that require the use of medical equipment in flight.

The cabin of a small aircraft can be smaller than the inside of a vehicle. Please be sure that any condition would not interfere with the ability of the pilot to fly the aircraft. This would include physical interference, or the emotional interference that something such as a seizure could cause.

Print Physician Name: _____

Physician Signature: _____

Physician Phone #: _____

Date: _____

**Angel Flight West
Phone: (310) 390-2958 Fax: 310391-9636
www.angelflightwest.org**

Please do not fax this directly to Angel Flight West.
Please return to your patient or to the camp facility requesting this document.
They will return all participants releases at one time to us.



WAIVER OF LIABILITY
BY SIGNING THIS WAIVER, YOU ARE GIVING UP ANY RIGHTS YOU MIGHT OTHERWISE HAVE TO SUE THE PILOT, MISSION ASSISTANT OR ANGEL FLIGHT WEST IN THE EVENT OF AN ACCIDENT

Name of Camp: _____

1. Angel Flight West. a non-commercial. non-profit. volunteer public service organization. has arranged for me.

_____ and _____
Camper #1 Camper #2

to be provided with nonessential. non-emergency air transportation and if necessary. local ground transportation (collectively. "Angel Flight West Transportation") by the Angel Flight West volunteer members named hereafter. free of charge, for my convenience in obtaining medical treatment or for such other purpose as has been determined appropriate for the receipt of Angel Flight West Transportation:

_____ and _____ (collectively. "Pilot").
Pilot-in-Command Mission Assistant

2. I understand that Pilot is not employed or controlled by Angel Flight West. but rather is a volunteer member of Angel Flight West who has agreed to donate an aircraft ("AIRCRAFT") and his/her piloting services for Angel Flight West Transportation. Although Angel Flight West is deeply concerned about the safety of passengers receiving Angel Flight West Transportation. Angel Flight West has no practical means of directly assessing and monitoring the competence. proficiency or safety of member pilots or the safety of their aircraft. In an effort to optimize safety. Angel Flight West has a system of ensuring. to the extent feasible. that each member pilot meets basic minimum experience standards. and holds the appropriate Federal Aviation Administration licenses for a given flight and aircraft. Angel Flight West relies on the Federal Aviation Regulations. a pilot's devotion to complying with those regulations. and each pilot's affirmation to Angel Flight West that he or she will observe specified precautions on all missions. to achieve safety.

3. I understand that Angel Flight West is a charitable organization and that Pilot is donating the Angel Flight West Transportation without any financial reimbursement for that service or for the expenses of agreeing to provide Angel Flight West Transportation. As such. Pilot. Angel Flight West. and those persons acting on Angel Flight West's behalf. including mission coordinators. referring agencies. board members. and all others associated with Angel Flight West who have assisted in arranging Angel Flight West Transportation ("RELEASEES ") are relying upon the signing of this Waiver and Release in return for their providing charitable services. I also acknowledge that there exist other means of transportation available to me. including commercial air transportation and ground transportation. and that I choose to receive Angel Flight West Transportation for its convenience and/or cost savings relative to other means.

4. WAIVER AND RELEASE:

In consideration for receiving Angel Flight West Transportation free of charge. I agree that neither I nor my assigns. heirs. distributees. executors. guardians or legal representatives ("RELEASEES") will make a claim or assert any causes of action (known or unknown) against. or sue. RELEASEES for death. bodily injury. property damage or any other liability of any sort ("HARM") arising from the Angel Flight West Transportation. including but not limited to HARM resulting from the active or passive negligence. including gross negligence. or other acts or omissions of RELEASEES. I hereby WAIVE. and RELEASE RELEASEES from liability for. all such claims. causes of action and suits which RELEASEES or any of them now have or may hereafter have. This Waiver and Release includes. without limitation. HARM which results from (a) my being in the AIRCRAFT. which could itself cause injury; (b) improper maintenance of or defects in the AIRCRAFT. whether hidden. latent or obvious. which could cause an accident; (c) negligent or grossly negligent piloting or other operation of the AIRCRAFT. which could cause an accident; and (d) my slipping. falling or otherwise becoming injured on and about the AIRCRAFT. **THIS MEANS THAT, EXCEPT AS EXPRESSLY PERMITTED BELOW, NEITHER I NOR MY HEIRS OR ESTATE MAY CLAIM AGAINST RELEASEES ANY DAMAGES ARISING OUT OF ANGEL FLIGHT WEST TRANSPORTATION.**

5. Recurring Nature of Waiver and Release: This Waiver and Release may be used. and is deemed valid. as to all Angel Flight West Transportation on which the undersigned. or the minor(s)/mentally incompetent(s) on whose behalf this Waiver and Release is being signed. is a passenger or mission assistant.

6. I understand it is my sole responsibility to purchase any flight or accident insurance should I desire to be insured on this flight.

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

DO NOT SIGN THIS WAIVER AND RELEASE BEFORE YOU HAVE CAREFULLY READ IT AND UNDERSTAND THAT IT IS A RELEASE OF LEGAL LIABILITY. IT IS A LEGALLY BINDING CONTRACT BY WHICH YOU AND YOUR HEIRS WILL BE BOUND, PREVENTING YOU AND YOUR HEIRS FROM BRINGING ANY LEGAL ACTION TO ASSERT A CLAIM AGAINST PILOT, ANGEL FLIGHT WEST OR ANY RELEASEES FOR THEIR NEGLIGENCE EXCEPT TO THE LIMITED EXTENT PERMITTED HEREIN.

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.

Camper #1 _____ Dated: _____

Printed Name: _____

Camper #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: 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 Angel Flight West Transportation free of charge, I hereby (a) give the child or mentally incompetent permission to undergo Angel Flight West Transportation; (b) WAIVE and RELEASE all claims, causes of action and suits against RELEASEES for HARM arising from Angel Flight West 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 Angel Flight West Transportation.

Parent/Legal Guardian _____ Dated: _____

Printed Name: _____

PHOTO RELEASE

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

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

Please sign this and return to your camp organizer. Camp organizers will return all signed waivers directly to the Angel Flight West office.