



Please read this carefully:

Angel Flight West is a separate, nonprofit organization whose volunteer pilots offer flights to families with medical conditions such as cancer and staff for programs such as ours. They have provided flights free of charge to River Discovery staff since 2009. There is no guarantee that you will be scheduled for a flight or that there will be good flying conditions on the date a flight is scheduled. If weather cancels a flight, each staff person must have alternate transportation plans. River Discovery will provide contact information to staff and participants who live close to each other so that car pooling can be arranged - *this is each staff person's responsibility.*

River Discovery does not schedule the flights; we only send the flight requests to Angel Flight and arrange pickup from the airport. When you sign a liability release with Angel Flight you are entering into an agreement with their organization. Please keep in mind that these pilots are *volunteers* who provide the flights in their free time and are not reimbursed for gas or mileage. If scheduled for a flight, the pilot will contact you directly about the logistics - most often they call in the evenings. If you have a last minute cancellation, it is your responsibility to call the pilot who has volunteered to fly you.

The request, medical and release forms are attached.

Dear Camper and Family (or Adult Counselor),

We are pleased to be able to arrange air transportation to your camp. In order to make your trip a success, we would like you to be aware of the following things.

Angel Flight West arranges transportation in small private aircraft. While most of our flights are able to take off as scheduled, occasionally weather or some other issue may postpone a trip. We will do everything possible to assist in transporting the camper as soon as weather permits. It is wise to have a back-up plan in place.

Please notify us immediately of any changes in your camper's information. This should include contact phone numbers, airport changes, cancellations (in either direction), medical information etc. This will prevent any last minute problems from occurring. Good communication is imperative to allow for smooth coordination of your trip. Please keep us informed and reply to all communications from camp, our office or the pilot.

If you have an e-mail address, please send us an e-mail with the subject line reading: "Camp Name" (name of your camp) – Camper Name (your camper's name) to: coordination@angelflightwest.org This will truly make communication easier. If you have already provided us with one, please do not send a new e-mail, unless you have a new e-mail address.

Please be prompt in dropping your camper off at the designated airport and at picking them up on the return date. Angel Flight pilots are volunteers and may have other activities scheduled, therefore we like to eliminate any unnecessary delays.

Due to the constraints of a small aircraft, it is **IMPERATIVE** that the camper keeps their luggage to **NO MORE THAN 40 LBS. OF SOFT SIDED LUGGAGE + 1 SLEEPING BAG**. Large hard sided suitcases often times will not fit in a small plane. Therefore, please use 2 smaller bags as opposed to one large one. Campers not following these guidelines may have to leave luggage behind. In addition, please remember that the pilot taking your child TO camp may be able to accommodate a larger bag, but it is quite possible that they will be returning in a smaller plane that can not accommodate the larger bag. Your cooperation on this issue is greatly appreciated.

Please feel free to contact our office at 888 426-2643 during regular business hours if you have any questions or concerns. If a cancellation or other urgent matter occurs during the evening or on a weekend, please contact us at 800 413-1360. It is our hope that this airplane ride will be just be one great addition to your camper's experience. Please let us know if there is anything we can do to help.

Sincerely,

Cheri Cimmarrusti
Director of Mission Operations
Angel Flight West

Angel Flight West Counselor 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.

1. Counselor Name: _____ DOB _____ Wt. _____

Street: _____ City, St., 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: _____ N/A _____ Home Airport: _____

Special Needs: _____

Parent/Guardian Names (circle one): _____ N/A _____

2. Counselor Name: _____ DOB _____ Wt. _____

Street: _____ City, St., 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): _____ N/A _____

3. Camper Name: _____ DOB _____ Wt. _____

Street: _____ City, St., 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 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 #: _____ Fax: _____

Date: _____

FAX to River Discovery: (208) 756-3708

Angel Flight West
Phone: (310) 390-2958 Fax: 310 397-9636
www.angelflightwest.org

Please do not fax this directly to Angel Flight. Please return to your patient or to the camp facility requesting this document. They will return all participant's 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:

_____ **River Discovery** _____

1. Angel Flight West, a non-commercial, non-profit, volunteer public service organization, has arranged for me,
 _____ and _____,
 Adult Counselor #1 Adult Counselor #2

to be provided with nonessential, non-emergency air transportation and if necessary, local ground transportation (collectively, “Angel Flight 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 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 Transportation. Although Angel Flight West is deeply concerned about the safety of passengers receiving Angel Flight 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 Transportation without any financial reimbursement for that service or for the expenses of agreeing to provide Angel Flight 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 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 Transportation for its convenience and/or cost savings relative to other means.

4. WAIVER AND RELEASE:

In consideration for receiving Angel Flight Transportation free of charge, I agree that neither I nor my assignees, heirs, distributees, executors, guardians or legal representatives (“RELEASORS”) 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 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 RELEASORS 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 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.

Counselor _____ Dated: _____

Printed Name: _____

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

Signed _____ 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.

Revised: 8/29/2007