



## Participant Enrollment, Consent & Photo Release Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby agree and give consent for my son/daughter/ward/self to undertake airfield/aircraft familiarization and/or flight training with the Raven Flight Foundation, Inc. (RFF) and its partnered aviation organizations(s) (St. Louis Soaring Association, and/or the like). I acknowledge that flight training entails real and unpredictable risks of death, personal injury, and property damage, including without limitation crashes, collisions (on the ground and in the air), hazardous weather, engine and airframe failure, running out of gas, and pilot and instructor error and incapacitation. I acknowledge that I am aware and accepting of these risks. I indemnify Raven Flight Foundation, Inc., Ticket 2 Success, Inc., the St. Louis Soaring Association, and all organizations/entities partnered with them, as well as any persons employed/contracted by them, from any claim in consequences of any personal/property injury or damage sustained during airfield/aircraft familiarization and/or flight instruction & training.

Furthermore, I, for valuable consideration, hereby irrevocably consent to and authorize the use and reproduction by Raven Flight Foundation, Inc. (RFF), or anyone authorized by RFF, of any and all photographs/video taken of me and/or my child during my/our participation in RFF events; including negatives or positives, digital files, proofs or the like, for any purpose whatsoever, without compensation to me. All negatives and positives, digital files, together with the prints shall constitute Raven Flight Foundation, Inc. property, solely and completely.

Affirmed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

**Guardian's Signature:** \_\_\_\_\_ **Participant's Signature:** \_\_\_\_\_

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In witness whereof:**

1. Signature \_\_\_\_\_

2. Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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