



FLIGHT FOR LIFE – Fond du Lac Base

Mock Patient Participant Release & Indemnity Agreement – ADULT

(Complete this form if participant is an ADULT)

Description of Activity: Short ride as a passenger in **FLIGHT FOR LIFE** Helicopter by an ADULT

Please PRINT participant's name: _____

Type of Activity: _____

Date and Time of Activity: _____ Birthdate: ____/____/____

REQUIRED: The participant's weight is _____ pounds. **(Weight limit is 200 pounds.)**

If a mock patient/student is transported to an alternate location (hospital, fire department or other agreed upon location) during the drill, someone must be waiting at that site to pick him/her up when the aircraft arrives. I understand that the helicopter will not be shutting down to wait with the mock patient/student for someone to arrive as the **FLIGHT FOR LIFE** crew and helicopter must be ready to respond to a transport request.

As the participant, I agree to defend and fully indemnify **FLIGHT FOR LIFE** against any claim, which may result from any personal actions taken by myself. I further agree to fully indemnify and hold harmless **FLIGHT FOR LIFE** against any claim or cause of action whatsoever brought against **FLIGHT FOR LIFE** which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by myself.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to be transported to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Participant Signature

Date

Address

City State Zip Code

Home Phone Number (including area code)

Work or Cell Phone Number (including area code)

Emergency Contact Information

Name: _____
(Please PRINT Name)

Phone Number: _____
(including area code)

Please furnish medical information about yourself, which may be pertinent to your participation in the above-identified activity:

Please return this completed form to us – AT LEAST ONE WEEK BEFORE THE EVENT:
via MAIL: **FLIGHT FOR LIFE**, Attn: Jayce Commo, 176 S. Rolling Meadows Drive, Fond du Lac, WI 54937
OR via FAX: (920) 924-0089, Attn: Jayce
OR via SCAN & E-MAIL: jcommo@mrmcfl.org