



California Aeronautical University

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY WAIVER

Participant Name _____

Home Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ / _____

There are inherent risks in the participation of flight training. Operators and passengers of recreational aircraft, by participation, accept the risk inherent in such participation of which the ordinary or prudent person is or should be aware.

Pilots and passengers have a duty to exercise good judgement and act in a responsible manner while using the aircraft, and to obey all oral and written warnings, both prior to and during the use of the aircraft. They must understand that although safety is the highest priority at CAU, certain risks cannot be eliminated.

This form must be completed and signed prior to participation.

Acknowledgment of Risk

The risks involved in all activities at CAU include, but are not limited to:

- I acknowledge that aircraft flight training, aircraft flight related activity, or flying any aircraft in general, entails both known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to third parties, or to property.
- Risks exist in spite of Federal Aviation Administration (FAA) regulated and approved flight training and aircraft design, manufacture, construction, and maintenance as well as any other safety precautions that might be utilized or otherwise implemented.
- Weather conditions, equipment conditions, facility conditions, negligent first aid operations or procedures may also be hazardous and may result in bodily injury, death, and property damage.
- I understand that this list is not complete and that other unknown or unanticipated risks may be present that result in injury, illness, or death.
- I understand and acknowledge that engaging in flight training activities is purely voluntary and I have made the decision to participate of my own free will.

Medical Consent

I grant CAU full authority to take whatever actions it may consider warranted under the circumstances for my health and safety during my participation in flight training.

I further release CAU from any liability for any such decisions or actions. With the authority granted in the preceding sentence, I consent to receive medical treatment when deemed necessary in the event of any illness, accident, injury, or medical emergency resulting from or in connection with the flight training. I either have appropriate insurance or, in its absence, agree to pay all costs of medical services incurred on my behalf.

I understand and agree that CAU assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

Release of Liability

In consideration of education services provided for myself do hereby release CAU, its directors, staff, and students, from all liability and waive any claim for damage arising from any cause.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify CAU from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this program.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read and understand the above acknowledgement of risks, release for medical treatment, and release of liability. I agree to be bound by its terms.

Signature of Participant: _____ Date: _____

Print Name: _____

IF USER IS UNDER 18 YEARS OF AGE, PARENT/LEGAL GUARDIAN MUST CONSENT:

I, as parent or legal guardian of the above minor under the age of 18 years, hereby give my consent to the terms and conditions set forth in this release form.

Parent / Legal Guardian Signature: _____ Date: _____

Print Name: _____

Emergency Contact Number: _____