



Pilots for Christ

**PO Box 707, Monroeville, Alabama 36461
info@pilotsforchrist.net
251-575-9425**

I, _____ (caregiver), agree to hold harmless, indemnify, and defend **Pilots for Christ, Inc.** Its members, directors, officers, employees, agents, and contractors along with the heirs, personal representatives, successors, and assigns of each of them from and against all liabilities, penalties, costs, losses, damages, expenses, causes of action, claims, demands, or judgments, including, without limitation, reasonable attorney's fees.

I further declare that I do not need any medical assistance during this flight and understand this flight will be conducted under Part 91 of the Federal Aviation Regulations. Caregivers must be physically fit to travel in a non-pressurized aircraft up to 11,000 feet MSL without access to lavatory facilities for the duration of the flight and able to get into and out of the aircraft with minimal assistance. Flexible bags are recommended. **Total baggage must be less than 50 lbs.**

I understand it is my sole and exclusive responsibility, as a passenger, to purchase any flight or accident insurance should I desire to be insured on this flight. Caregivers should have back-up transportation in the event of a last-minute cancellation of our flight for reasons outside of Pilot for Christ’s control such as inclement weather, sickness, or FAA restrictions. I also understand Pilots for Christ, Inc. is not responsible for a pilot’s currency requirements; however, I may contact the pilot prior to flight for verification.

I understand that Pilots for Christ, Inc. relies upon contributions which are in part based upon public media. In order to contribute to these efforts, I grant Pilots for Christ, Inc. permission to take and use my photograph, personal information and medical information for prayer, promotion and public relations. I also give Pilots for Christ permission to use this information to speak on my behalf for any commercial airline tickets purchases and/or needs for rescheduling of flights. Any/all refunded commercial flights purchased with Pilots for Christ funds will be issued back to Pilots for Christ.

In the event that any portion of this agreement is held invalid, the remaining portions shall remain in full force and effect. As evidenced by my signature below, I have read this agreement in its entirety and agree to all its terms.

Print Name (Caregiver)

_____ lbs.
Caregiver Weight (required for aircraft weight and balance)

Signature (Caregiver)

Patient Name (that you are traveling as caregiver with/for)

Date Signed

Address

City, State, Zip