



PO Box 707, Monroeville, Alabama 36461 info@pilotsforchrist.net Phone: 251.575.9425 (no fax capability)

Patient Name: _____ Weight _____ Age _____ M / F

Address _____ City, State, Zip _____

Patient Phone # _____

Caregiver Name: (if applicable) _____ Weight _____ Age _____ M / F

Caregiver Phone: _____ May a member of our care team contact your caregiver? Y / N

Name of Your Church: (optional) _____ Church Phone #: _____

NATURE OF NEED: (Check the need(s) that apply)

_____ Time-Critical

_____ Financial Need (individual and family unable to provide finances for trip)

_____ Compassion (physically unable to travel by any other means including airlines) Please explain:

What City Are You Traveling From: _____ Where Do You Need to Go? _____

Requested Date of Travel: _____ Requested Return Date: _____

How often will you need flights? _____ Are you currently participating in a medical trial? Y / N

PLEASE INITIAL THE FOLLOWING:

_____ Patients may carry their own oxygen in a FAA-approved container, however PFC volunteers cannot provide any medical service before, during, or after the flight. A letter from a doctor indicating a list of any special equipment needed is required. We cannot accept an application if the person requires any life support equipment, incubator, etc.

_____ Patients must arrange their own ground transportation to/from the airport, hotel & medical appointments.

_____ Baggage requirements: Flexible bags are recommended. **Baggage must be less than 40 lbs.**

_____ Patient 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.

_____ Patients 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. Patients can get into and out of the aircraft with minimal assistance.

_____ Patient confirms to the best of his/her knowledge that all information submitted on this form is true and correct and accepts all terms, conditions, and limitations set forth by Pilots for Christ, Inc.



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I, _____ (patient) 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.

I understand it is my sole and exclusive responsibility, as a patient and passenger, to purchase any flight or accident insurance should I desire to be insured on this flight. 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. 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.

If 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.

Patient's Name (print): _____

Patient's Signature: _____ Date Signed: _____

***Please submit a copy of your state issued ID with your request.**

From the moment you submit a request, our PFC prayer partners begin praying for you and our friends on social media do as well. Each patient is very special to us. We want to know about you and how we can specifically pray for your needs. Please share your story with us and send a picture of yourself and/or your caregiver.