

**THE YOUTH AERONAUTICS EDUCATIONAL FOUNDATION**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS  
AND INDEMNITY AGREEMENT; RELEASE FOR USE OF PHOTOS AND  
IMAGES**

**NAME OF STUDENT:** \_\_\_\_\_

**ADDRESS OF STUDENT:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **TELEPHONE NO:** \_\_\_\_\_

**DISCLAIMER CLAUSE**

The Youth Aeronautics Educational Foundation (YAEF) and their officers, directors, employees, volunteers are not responsible for any injury, loss or damage of any kind sustained by any person while participating in this program.

**ASSUMPTION OF RISKS**

In consideration of student participation in the program, I am aware of any possible risks, dangers and hazards associated with the program.

**INDEMNIFICATION AND RELEASE OF LIABILITY**

In return for the YAEF allowing student to voluntarily participate in the program, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** associated with the program.
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which student might sustain while participating in the program.
3. **TO HOLD HARMLESS AND INDEMNIFY YAEF** from any and all liability, and from any and all claims, demands, actions and costs which might arise out of student participating.

**PHOTO AND IMAGE RELEASE**

The participant and I hereby give the releasees the absolute and irrevocable right and permission to use photographs, pictures and/or images of the Participant taken at or derived from his or her participation in the Youth Aeronautics Educational Foundation Aviation Program (the "Images") in whole or in part, with or without alteration or modification, in any and/or all manner and in any and or all media, in connection with the Foundation's activities, programs, publications and publicity.

**ACKNOWLEDGEMENT**

**I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives, in the event of my death or incapacity.**

**Print: Name of Parent/Guardian** \_\_\_\_\_

**Signature: Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print: Name of Student** \_\_\_\_\_