

**87TH FLYING TRAINING SQUADRON CADET ORIENTATION FLIGHT  
HOLD HARMLESS AGREEMENT AND INDEMNIFICATION AGREEMENT**

*Parties*

1. I, \_\_\_\_\_ (participant) desire to take part in an 87th Flying Training Squadron Cadet Orientation Flight. All references in this document to “87 FTS” means *collectively*, the 47th Flying Training Squadron, the U.S. Air Force, and the U.S. Government, including all representatives, employees, agents, members, and invitees or licensees of these respective entities.

*Fitness to Participate*

2. Participant represents to 87 FTS that, to the best of my knowledge, I am physically, mentally, and emotionally capable to fully participate in this activity. I am fully aware of risks and hazards connected with the activity. I specifically acknowledge that this activity may be hazardous to my property and that I may be severely injured or killed while participating. Aircraft flight of this type is an “inherently dangerous activity” and that no amount of care or skill can fully remove these risks.

**INDEMNIFICATIONS**

**3. IN CONSIDERATION OF THE PERMISSION GRANTED TO ME TO COMPETE OR PARTICIPATE IN THE ACTIVITY DESCRIBED BELOW, I AGREE:**

**A. THAT I WILL NOT HOLD 87 FTS RESPONSIBLE FOR ANY HARM OR INJURY, FROM ANY CAUSE, WHICH MAY BEFALL ME RELATED TO OR ARISING OUT OF PARTICIPATING IN THIS ACTIVITY. FURTHER, I WILL INDEMNIFY, HOLD HARMLESS, AND DEFEND 87 FTS FROM ALL CLAIMS OR ACTIONS BASED UPON MY PERSONAL INJURY, MY DEATH, AND/OR DAMAGE, LOSS, OR DESTRUCTION OF MY PROPERTY RELATED TO OR ARISING OUT OF PARTICIPATING IN THIS ACTIVITY, INCLUDING THOSE THAT MAY BE CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL CONDUCT OF 87 FTS; AND**

**B. THAT I WILL INDEMNIFY, HOLD HARMLESS, AND DEFEND 87 FTS FROM ALL CLAIMS OR ACTIONS ARISING OUT OF, CLAIMED ON ACCOUNT OF, OR IN ANY MANNER PREDICATED ON, LOSS OF OR DAMAGE TO THE PROPERTY OF, AND INJURIES TO OR DEATH OF ANY AND ALL PERSONS THAT WERE, IN ANY MANNER, CAUSED OR CONTRIBUTED TO BY MY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT.**

**4. IT IS MY EXPRESS INTENT THAT PARAGRAPH 3 ABOVE SHALL BIND ME IF I AM ALIVE AND BIND MY HEIRS, ASSIGNS, AND PERSONAL REPRESENTATIVE IF I AM NOT ALIVE. THESE PROVISIONS SHALL BE DEEMED AS A RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE 87 FTS.**

*Applicable Law*

5. This document shall be construed in accordance with the laws of the State of Texas and where the Federal Tort Claims Act, 28 U.S.C. § 2671 *et seq.*

In signing below, I represent that I have read this entire document, I understand it, I was given the opportunity to take it to my attorney to review, and I signed it voluntarily as my own free act. No oral representations, statements, or inducements, apart from this document, have been made to me by anyone. I am at least eighteen (18) years of age and fully competent. I execute this Release for full, adequate, and complete consideration fully intending to be bound by this act.

SIGNED on \_\_\_\_\_, 2019.

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Signature of Participant (or Parent if participant is under 18 years old)

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Participant Printed Name

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Telephone #

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87 FTS witness signature / printed name

**FLIGHT PERMISSION SLIP**

I give permission for my son/daughter Cadet \_\_\_\_\_ to receive a brief physical examination from the 47 FTW Flight Surgeon and appropriate training from the 47 FTW Aerospace Physiology specialists for the purposes of receiving a flight in a military T-1 aircraft during SUPTFC at Laughlin AFB, TX from 10 -17 June 2017.

\_\_\_\_\_  
Printed Name Relationship  
\_\_\_\_\_  
Signature Date

**PRINT/SCAN AND EMAIL PDF TO US!**



**DEPARTMENT OF THE AIR FORCE  
47TH FLYING TRAINING WING (AETC)**

**HEALTH QUESTIONNAIRE FOR INCENTIVE FLIGHT IN NON-EJECTION  
AIRCRAFT**

1. In accordance with AFI 48-123 6.24.5.2.1-3. Incentive and orientation flight candidates scheduled to fly in non-ejection seat aircraft must complete the following health statement:

	Yes	No
Do you have any current medical problems?		
Do you have any history or serious medical problems?		
Do you take any medications?		
Any recent hospitalizations?		
Are you on a DLC? (Active Duty Only)		
Are you pregnant?		
Do you feel you need to see a flight surgeon?		

2. Individuals making any positive responses (YES) on the health statement will be referred by the flying unit to the flight surgeon for review, appropriate medical examination if deemed necessary and medical recommendation for incentive and orientation flying.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_