

RELEASE

Mission Number:

Mission Symbol:

Sortie Number:

PART I

RELEASE * (For Non-CAP Members)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY I, _____ am about to take a flight or flights in certain Civil Air Patrol/United States of America instrumentality aircraft on or about _____ and whereas I am doing so entirely upon my own initiative, risk, and responsibility; now, therefore, in consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to take said flight or flights, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said flight or flights or continuances thereof, as well as all ground and flight operations incident thereto. I acknowledge that I may be safely transported in an unpressurized aircraft, seated upright, and utilizing aircraft seatbelts.

DATE

(SIGNATURE OF RELEASOR)

(SIGNATURE OF WITNESS)

(NAME OF PERSON TO BE NOTIFIED IN EMERGENCY)

SIGNATURE OF WITNESS)

(ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY)

PART II

RELEASE * (For Parents of Minors)

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my Child(ren), _____ is (are) about to take a flight or flights in certain Civil Air Patrol/United States of America instrumentality aircraft on or about _____ and whereas he/she is doing so entirely upon his/her own initiative, risk, and responsibility; and with full knowledge and approval; now, therefore, in consideration of the permission extended to my child(ren) by the Civil Air Patrol/United States of America through its officers and agents to take said flight or flights, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of the death or on account of any injury to my child(ren) which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said flight or flights or continuances thereof, as well as all ground and flight operations incident thereto. I acknowledge that the passenger may be safely transported in an unpressurized aircraft, seated upright, and utilizing aircraft seatbelts.

DATE

(SIGNATURE OF PARENT/GUARDIAN) **

(SIGNATURE OF WITNESS)

(SIGNATURE OF PARENT/GUARDIAN) **

SIGNATURE OF WITNESS)

* Complete appropriate part(s) of this form.

** All parents/guardians must sign.