

Jesus World Outreach Center, Inc. "ANGEL FLIGHT PROGRAM"
2727 Murchison Rd. Fayetteville, NC. 28301
Phone: (910) 823-4849, Fax (910) 823-9591, email: jwocnc@aol.com

Please SCAN and EMAIL, FAX or MAIL this form to the office BEFORE your flight departs!

AIR TRANSPORT WAIVER OF LIABILITY (Pilots)

(1) Jesus World Outreach Center, Inc. (JWOC) Angel Flight Program a non-commercial, nonprofit, volunteer public service organization and the volunteer pilot(s) named below:

Pilot in Command: _____ and Second in Command (or required crewmember): _____
print name **print name**

Hereby agree to provide air transportation, free of charge, for the passenger's convenience in obtaining, assisting with to or returning from medical treatment or diagnosis, and for other compassionate purposes.

(2) **WAIVER OF LIABILITY.** By signing this Waiver, I agree that I will not make any claim or file any lawsuit against JWOC Angel Flight Program or its officers, directors, employees or volunteers, including pilot(s) on account of any damage to property or personal injuries (including death) sustained in connection with any aspect of the services rendered by JWOC Angel Flight Program or the volunteer pilot(s). I understand that this waiver applies even to damages, injuries or death resulting from negligence. I intend that this waiver be legally binding on me, my heirs, executors and assigns and to any minor or incompetent on whose behalf I am signing as well as their heirs, executors and assigns.

(3) In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.

(4) This waiver shall be governed by the laws of the Commonwealth of North Carolina.

(5) As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms.

(6) I have received a briefing about the JWOC Angel Flight Program, and the flight. I understand the information, and my questions, if any; have been answered to my satisfaction.

Pilot(s) Information

Print Name 1: _____

Print Name 2: _____

Address: _____

Address: _____

City: _____, State: _____, ZIP: _____

City: _____, State: _____, ZIP: _____

Signature: _____ | Date: _____

Signature: _____ | Date: _____

*The Pilots and Passengers hereby authorizes JWOC Angel Flight Program to use the Pilot's or Passenger's name and photographs/images in any reports of the flight that might appear in newspapers, radio, television, internet, videos/DVDs or other public relations activities, unless the "no" line at the end of this paragraph is checked.
Pilot ___NO, Co-Pilot ___NO.*

PILOT CERTIFICATION

(1) I hereby certify that, with respect to this flight:

- a. I meet all applicable requirements of the Federal Aviation Regulations to act as pilot in command (or second in command),
- b. My Medical Certificate is current and I am aware of no medical deficiency that precludes my acting pilot in command (or second in command) per FAR 61.53.
- c. I meet all requirements for recent flight experience contained in FAR 61.57.+

(2) The aircraft to be flown is airworthy in all respects and

(3) That there is insurance coverage in force and contains no exclusions for any anticipated operation.

Signature: Pilot in Command: _____ Date: _____

Signature: Second in Command (or required crewmember): _____ Date: _____