

Minor's (under age 18) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Camp Date: \_\_\_\_\_

## PARENT/LEGAL GUARDIANS RELEASE FOR MINOR PARTICIPATION By signing this document you are waiving certain legal rights. Read carefully before signing. Please complete in blue or back ink. GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I hereby represent that I am the parent or legal guardian of "Participant", who is under the age of 18. For and in consideration of Illinois Aviation Academy, Ilc. permitting participant to participate voluntarily in a Illinois Aviation Academy, Ilc. AeroCamp to be held during 2024 at Illinois Aviation Academy, Illc's facility in West Chicago IL, hereafter referred to as "camp", I hereby assume all risks associated with the camp, and I release Illinois Aviation Academy, its trustees, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which participant or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Illinois Aviation Academy, Ilc. or its trustees, employees, students, and agents, arising out of or in any way connected to the camp, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions or negligence or Illinois Aviation Academy, Ilc. or its trustees, employees, students, and agents,

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS ILLINOIS AVIATION ACADEMY, LLC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGEMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS. EXECUTORS OR ADMINISTRATORS. OR ASSIGNS MAY HAVE. OR CLAIM TO HAVE AGAINST ILLINOIS AVIATION ACADEMY. LLC., ITS TRUSTEES, OFFICERS. EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS, OR NEGLIGENCE OF ILLINOIS AVIATION ACADEMY, LLC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON ILLINOIS AVIATION ACADEMY, LLC. AND IN ILLINOIS AVIATION ACADEMY. LLC.'S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS. DEMANDS, SUITS, CAUSES OF ACTION OR JUDGEMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE CAMP.





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## PHOTO RELEASE

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I have read and executed this document with full knowledge of its legal significance.

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Dy	۰.

Parent/Legal Guardian Signature

Date

Parent/Legal

Minor Participant's mailing address:

Street Address

City/State

Zip Code

\*If you are a Illinois Aviation Academy, Ilc. employee or dependent of a dependent of Illinois Aviation Academy, Ilc., this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain while participating in the camp.

