



We're Flying For Your Life®

## WAIVER OF LIABILITY

In consideration of their providing air transportation at no cost and solely for my/our benefit, I/we, the undersigned do hereby release the nonprofit **MIRACLE FLIGHTS FOR KIDS®** and commercial airlines fully and without reservation from any and all claims whatsoever of culpability, responsibility, fault and liability for any inadvertent and/or accidental occurrence which may result in personal injury or property damage or other effect, during all times that I am/we are passengers in the act of boarding, while aboard, or in the act of deplaning an aircraft provided by said **MIRACLE FLIGHTS FOR KIDS®** and commercial airlines:

- Furthermore, I/we do herewith unequivocally waive and deny, for myself/ourselves and all my/our assigns, any and all rights to pursue any action against said **MIRACLE FLIGHTS FOR KIDS®** for any action or inaction executed by them in good faith. \_\_\_\_\_  
(initial)
- I further hereby release **MIRACLE FLIGHTS FOR KIDS®** to use photographs, reproductions, video tapes, recordings or endorsements of/by me and/or my child for publicity or any other purposes. \_\_\_\_\_  
(initial)
- It is also my responsibility to have the Doctor notify Miracle Flights for Kids' office of any change in patient medical status. \_\_\_\_\_  
(initial)

**ALL PASSENGERS MUST SIGN A WAIVER OF LIABILITY**  
**WAIVERS MUST BE ON FILE AT THE MIRACLE FLIGHTS OFFICE**  
**PRIOR TO FLIGHT SCHEDULING.**

\_\_\_\_\_  
Patient Printed Name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Patient Date of Birth (MM/DD/YY)      Gender (M/F)

\_\_\_\_\_  
Patient Signature (If minor, by parent/guardian)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Caregiver Printed Name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Parent/Caregiver Printed Name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Parent/Caregiver Date of Birth (MM/DD/YY)      Gender (M/F)

\_\_\_\_\_  
Parent/Caregiver Date of Birth (MM/DD/YY)      Gender (M/F)

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date Signed

**MIRACLE FLIGHTS FOR KIDS®**

2764 N. Green Valley Pkwy #115, Green Valley, NV 89014-2120 → Phone (702) 261-0494 → Fax (702) 261-0497  
www.miracleflightsforkids.org