



We're Flying for Your Life®

Waiver of Liability

In consideration of their providing financial assistance for air travel 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®

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