



# Flight Camp Release Forms

Student Name: \_\_\_\_\_

## Participation Consent

I give my child/dependent, \_\_\_\_\_, permission to participate in the LeTourneau University operated flights as part of PreFlight Aviation Camp, Inc. on \_\_\_\_\_ date.

I understand the dangers possible with such an event, including transportation to and from this event, to which my child/dependent may be exposed to during this event. I agree to assume all of the risks and responsibilities surrounding my child/dependent's participation in this event. I release LeTourneau University and its employees against any and all claims, demands, and actions which may result from my child/dependent's participation in this event, beyond the control of, and without the fault or negligence of LeTourneau University or its employees.

\_\_\_\_\_  
Parent/Guardian Signature  
\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date

## Medical Consent

I hereby consent for (Child's Name) \_\_\_\_\_ to be given medical treatment as may be deemed necessary by a physician in the event of injury, accident, or unexpected illness while he/she is flying in a LeTourneau University aircraft. I understand that LeTourneau University will not be held responsible for any financial obligation incurred related to medical treatment. I understand that an attempt shall be made to contact persons at the home residence in such an event.

\_\_\_\_\_  
Parent/Guardian Signature  
\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date

Phone numbers: \_\_\_\_\_  
Home Daytime Cell

My child does/does not have medical insurance with (company name): \_\_\_\_\_

Policy number: \_\_\_\_\_ Verification phone number: \_\_\_\_\_

## Optional Publicity Release

I, \_\_\_\_\_, hereby authorize LeTourneau University to publicize the name and/or photograph of my child, \_\_\_\_\_, in promotional materials.

My local newspaper name: \_\_\_\_\_

Newspaper address: \_\_\_\_\_

Newspaper City/State/Zip \_\_\_\_\_

Newspaper Email: \_\_\_\_\_

Newspaper Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date