



MID ISLAND FLIGHT SCHOOL

SINCE 1946 - A DIVISION OF MID ISLAND AIR SERVICE, INC.

Camper Name: _____
 Age: _____
 Date of Birth: _____
 Aero 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 black 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 Mid Island Air Service, Inc, dba Mid Island Flight School, hereafter referred to as "camp", permitting Participant to voluntarily attend an Aero Camp to be held at 101 Hering Drive, Ronkonkoma, NY, a facility operated by Mid Island Air Service, Inc. I hereby assume all risks associated with the camp, and I release Mid Island Air Service, Inc, its trustees, 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, administrators, or assigns may have, or claim to have against Mid Island Air Service, Inc. 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 of Mid Island Aier Service, Inc., or its trustees, employees, students, and agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS, MID ISLAND AIR SERVICE, INC., 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 MID ISLAND AIR SERVICE, INC., 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 MID ISLAND AIR SERVICE, INC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON MID ISLAND AIR SERICE, INS., AND IN MID ISLAND AIR SERVICE'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.



L.I. MacArthur Airport: 101 Hering Drive • Ronkonkoma • NY 11779 • phone: 631.588.5400 • fax: 631.588.5799

Brookhaven Airport: 139 Dawn Drive Shirley • NY 11967 • phone: 631 281-5400 • fax: 631 281-5473

mias46@midislandair.com • www.midislandair.com



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PHOTO RELEASE

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

By: _____
Parent/Legal Guardian (Signature) Date Parent/Legal Guardian Name (Print)

Minor Participant's mailing address:

Street Address City/State Zip Code

*If you are a Mid Island Air Service, Ins. employee or dependent of an employee of Mid Island Air Service Inc., 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.

