



**Mock Patient Participant Release & Indemnity Agreement
Parent/Legal Guardian Permission Slip for Child's Ride as a Passenger of EAGLE III**

Type of Activity: _____ Date and Time of Activity: _____

Please PRINT minor child's name: _____ is eligible to participate in a school or EMS/fire department sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from (please PRINT school or EMS/Fire department name) _____ and EAGLE III.

If a mock patient/student is transported to an alternate location (hospital, fire department or other agreed upon location) during the drill, someone must be waiting at that site to pick him/her up when the aircraft arrives. I understand that the helicopter will not be shutting down to wait with the mock patient/student for someone to arrive as the EAGLE III crew and helicopter must be ready to respond to a transport request.

I would like my child to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify EAGLE III against any claim, which may result from any personal actions taken by my child. I understand there are certain risks that are inherent to riding aboard any aircraft, including those present during this event. As parent or legal guardian, I further agree to indemnify and hold harmless EAGLE III against any claim or cause of action whatsoever brought against EAGLE III which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above-named child, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of the parish/school or EMS/Fire department to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature

PRINT Parent/Legal Guardian Name

Date

Address

City, State, Zip Code

(_____) _____
Home Phone Number (including area code)

(_____) _____
Work or Cell Phone Number (including area code)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Printed Name: _____

Phone Number: (_____) _____

Please furnish medical information about your child, which may be pertinent to his/her participation in the above-identified activity:

Please return this completed form to EAGLE III at least one week before the event.

Mail: EAGLE III, 1765 Allouez Avenue, Green Bay, WI 54311

Fax: (920)469-9777

Scan and Email: eagle3@eagle3.org