

Pilots for Christ International, Inc.- Minnesota Chapter

Phone 952.898.0408 or 952.250.1231



Application for Air Transportation Services

*

Date: _____

Passenger/Patient's Name: _____ Age (if minor) _____ Weight _____

Name of Parent/Guardian if Applicable: _____ Weight _____

Phone # (Day): _____ (Night) _____ (Mobile) _____

Address: Street/City/State/Zip: _____

Email address: _____

Patient's Medical Condition: _____

Nature of Need: (Please check all that apply below.)

____(a) Time-Critical

____(b) Financial Need [individual & family
unable to provide finances for trip]

____(c) Compassion [physically unable to travel
by any other means including Commercial Flight]

____(d) Lack of local/nearby commercial service

____(e) Low Immunity System

Brief Explanation of Circumstances: _____

Travel Information: Date of Travel: _____ Date of Return Trip: _____

Departure City: _____ Destination City: _____

Companion passenger(s) Name(s): _____

Address: Street/City/State/Zip: _____

IMPORTANT INFORMATION FOR APPLICANT:

1. Pilots for Christ International, Inc. Minnesota Chapter ("PCI") facilitates access to free air transportation through FAA-certified volunteer pilots who have offered their assistance to fly and/or transport persons in need, as indicated above.
2. PCI will consider any reasonable request for urgent travel to fulfill the needs listed above. However, to be good stewards of the resources God provides PCI, we seek to focus our services on individuals and families during their critical time of need and must prioritize our resources accordingly.
3. Our pilots are responsible for the number of passengers and weight limit of baggage. Their concern is your safety and therefore have the final decision. Baggage in excess of 40 pounds per person may not be accommodated.
4. PCI does not arrange ground transportation or lodging before or after the flight; this is the patient's responsibility.
5. Weather and maintenance can impact flight plans. Patients should have a back-up plan if we must cancel our flight.
6. Passenger(s) must be ambulatory and able to get in and out of the aircraft with minimal assistance.
7. There are no in-flight services such as lavatories, food, or beverage. Passengers should keep this in mind.
8. PCI volunteers are not able to provide any medical service before, during, or after the flight.
9. We cannot accept a flight request if the patient requires any special medical equipment such as life support equipment, incubator, etc., although a wheelchair or oxygen in an FAA-approved container may be accepted.
10. We may request a letter from a doctor indicating that the person can travel.
11. The FAA does not require volunteer pilots to meet the same standards as pilots who conduct commercial operations.

We appreciate your understanding of our guidelines in order that we may more effectively serve those in need.

Please: Email to: 1452mike@frontier.com or Steven@steveneolson.com

OR Mail to: PCI – Minnesota Chapter, 1452 Summit Shores Drive, Burnsville, MN 55306

Pilots for Christ International, Inc.- Minnesota Chapter

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FLIGHT RISK WAIVER

Date _____

ACKNOWLEDGEMENT OF RISK, RELEASE & INDEMNITY AGREEMENT ("AGREEMENT")

I, _____, hereby acknowledge that I have voluntarily applied to enter into and to engage in flight and/or ground transportation activities with Pilots for Christ, International, Inc.-Minnesota Chapter, its (Good Standing) member(s), its (Certified) Chapter(s), (the "PCI"). I further acknowledge and understand that "Flight activities" and/or "Ground activities" includes any and all activities and services of any kind whatsoever in which I engage or observe or participate while at a location, while in an aircraft or ground transportation, or during flight in an aircraft conducting Federal Aviation Regulations Part 91 (General Operating and Flight Rules), flight activities in an aircraft or ground transportation, flown by a volunteer pilot(s) or licensed ground transportation driver, engaged in flying, ground transportation, and/or flight or ground activities, arranged by the PCI.

INITIAL _____

I ACKNOWLEDGE AND UNDERSTAND THAT FLIGHT AND GROUND TRANSPORTATION ACTIVITIES CAN BE INHERENTLY HAZARDOUS and involve both known and unanticipated risks which could result in damage or destruction of property and physical or emotional injury, including paralysis or death, of myself, my minor children, or of other persons. The risks include but are not limited to: being involved in an aircraft or ground transportation accident; partial or total loss of limbs, eyesight or hearing; inhalation or other harmful contact with fuel or other contaminants; and being struck by flying or falling objects. **I understand that such risks cannot be eliminated without compromising the essential qualities of the volunteer pilot(s), licensed driver(s) and aircraft or ground transportation, including flight and ground transportation activities that I have agreed to participate in through the PCI.** INITIAL _____

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT the nature and condition of the aircraft or ground transportation that has volunteered its use, ground premises, and both ground and flight environment is such that both known and unanticipated hazards exist which could create or contribute to both known and unanticipated risks inherent while observing, actually entering into a privately owned, volunteer aircraft or ground transportation, or in using the volunteer aircraft or ground transportation, involved in activities of any kind whatsoever while in the aircraft or ground transportation, on the ground, moving on ground or while in flight. I understand that such hazards and risks cannot be totally eliminated without compromising the essential qualities of the volunteer aircraft or ground transportation, its equipment, and any subsequent unexpected weather environment. INITIAL _____

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT the PCI volunteer pilot(s), and/or licensed driver(s), have no duty to undertake first-aid or rescue operations or any other remedial procedures in the event any such property damage or physical or emotional injury occurs, and that any such operations or procedures may result in compounded or increased damages or injuries. INITIAL _____

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT the PCI makes no warranty as to the design, manufacture, maintenance, condition or fitness for any particular purpose of the pilot(s), licensed driver(s) or privately owned aircraft or ground transportation; however, PCI reminds passengers that both aircraft and pilots must be in compliance with Federal Aviation Regulations Part 91, regarding pilot flight currency requirements, pilot medical qualifications and aircraft maintenance requirements. Also, licensed driver(s) must be in compliance with all applicable State of License, laws and regulations. All Volunteer Pilots will explain that they are not paid, professional pilots and are not required to meet the same qualifications of commercial pilot operations. INITIAL _____

As lawful consideration for being permitted by the PCI to enter into the private volunteer(s) aircraft or ground transportation presented, and to use the private volunteer(s) aircraft, ground transportation, or equipment and to engage in or observe flight, flying and other activities in the privately owned volunteer(s) aircraft or ground transportation presented for use, I agree as follows:

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FLIGHT RISK WAIVER

I EXPRESSLY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS EXISTING BY USE OF THE PRESENTED VOLUNTEER PILOT(S) or LICENSED DRIVER(S), PRIVATELY OWNED AIRCRAFT OR GROUND TRANSPORTATION, AND IN ENTERING INTO THE PRESENTED VOLUNTEER PILOT(S), PRIVATELY OWNED AIRCRAFT OR GROUND TRANSPORTATION, AND IN USING SAID AIRCRAFT, GROUND TRANSPORTATION OR EQUIPMENT AND IN ENGAGING IN OR OBSERVING FLIGHT, FLYING AND OTHER ACTIVITIES AT THE AIRCRAFT, OR GROUND TRANSPORTATION LOCATION AS PRESENTED. INITIAL _____

I AGREE to assume all responsibility and liability for any act or acts, even any negligent, reckless or criminal act or omission to act, by me or anyone accompanying me, which is a result of my presence in using the presented privately owned volunteer pilot(s) aircraft or ground transportation. INITIAL _____

I AGREE to abide by the PCI / Volunteer Pilots Applicable FAR (specifically Part 91) Rules and ground transportation State Law in the State the ground transportation activity is being administered, as such rules and laws are communicated to me or that I am aware of. INITIAL _____

I AGREE that I, my next of kin, heirs, guardians, representatives and assigns HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the PCI from and against any and all claims, demands, damages, expenses, causes of action, attachments of property, or liability of any kind whatsoever, including reasonable attorneys' fees and costs, that I, my next of kin, heirs, guardians, representatives or assigns, or anyone else, may have for property damage, personal injury or death, whether suffered by me, by my minor children, or by anyone else, resulting from me or my minor children entering into the privately owned, volunteer pilot aircraft, using said aircraft or equipment, or engaging in or observing flight, flying and other activities at, and in said aircraft, **even if such claims, demands, damages, expenses, causes of action, attachments of property, or liability result partially or wholly from any act or acts, even any negligent act or omission to act, including negligent or omitted first-aid or rescue operations or procedures, by the PCI, FAA or the NTSB, local or State actions.** INITIAL _____

I ACKNOWLEDGE AND AGREE that this Agreement shall be interpreted and enforced under the laws of the State of actual "incident or accident," and that the venue for any action or proceeding shall be the State of "incident or accident," without regard for the conflict of law rules of the State of "incident or accident." INITIAL _____

I FURTHER ACKNOWLEDGE AND AGREE that this Agreement is intended to be as broad and inclusive as permitted by law, and that if any provision or portion is held to be invalid, void or otherwise unenforceable, I agree and intend that the remaining provisions or portion shall continue and remain in full legal force and effect. INITIAL _____

I FURTHER ACKNOWLEDGE AND AGREE that it is my understanding and intent that this Agreement, and any signed written amendments or modifications to it, shall remain in full force and effect from the date of execution and ever after and shall be applicable to each and every occasion that I enter into a privately owned aircraft or ground transportation presented by a volunteer pilot or driver on behalf of their membership in Pilots for Christ, International, Inc. as an At-Large member or a member of a PCI specific Chapter, the PCI. INITIAL _____

I have carefully read this "Acknowledgement of Risk, Release & Indemnity Agreement" and fully know its contents. I acknowledge that no other inducement, assurance or guarantee has been made to me in consideration of my signing this Agreement, which I sign voluntarily and of my own free will. I further acknowledge and agree that this Agreement may be amended or modified only by a writing signed by me and by an authorized agent of the PCI. INITIAL _____

I, on behalf of myself and the Minors/Other Individual(s), if applicable, do hereby grant permission to "Pilots for Christ, International" to use my/our name and visual image in any marketing publications which might appear in the various media, or in connection with public relations activities of "Pilots for Christ, International." INITIAL _____

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FLIGHT RISK WAIVER

THE FOLLOWING BLANKS MUST BE COMPLETED AND SIGNED BY ALL PASSENGERS ON A "PCI" FLIGHT, AS WELL AS A PARENT, GUARDIAN, OR OTHER LEGALLY AUTHORIZED PERSON TO CONSENT TO A FLIGHT FOR A MINOR OR OTHER PERSON UNABLE TO PROVIDE HIS/HER OWN CONSENT.

I UNDERSTAND THAT BY MY SIGNATURE I AM GIVING UP SUBSTANTIAL RIGHTS, THAT I AM AGREEING NOT TO SUE PCI, its MEMBERS, OR CHAPTERS, AND I AM RELEASING AND HOLDING HARMLESS the PCI, ITS MEMBERS, AND ITS CHAPTERS, OF ALL LIABILITY.

Date _____ at (Pickup location) _____

Name (printed) _____ Telephone _____
(This is the person listed on page 1.)

Address _____ City _____ State _____ Zip _____

Signature _____

Date _____ at (Pickup location) _____

Name (printed) _____ Telephone _____
(This is a companion or additional / support passenger.)

Address _____ City _____ State _____ Zip _____

Signature _____

IF THE TRANSPORTATION REQUESTED IS FOR THE BENEFIT OF A MINOR UNDER THE AGE OF 18, OR SOMEONE UNABLE TO PROVIDE HIS/HER OWN CONSENT, THE FOLLOWING SECTION MUST BE COMPLETED BY THE APPLICABLE PERSON'S PARENT OR LEGAL GUARDIAN:

NAME OF MINOR / OTHER PERSON _____

I, the undersigned, represent and warrant that I am the Parent or Legal Guardian of the Minor/Other Person whose name appears above and hereby grant my permission and consent as to such Minor/Other Person. I have read the foregoing "Acknowledgement of Risk, Release & Indemnity Agreement" and fully know and understand its contents and acknowledge and agree to be bound by all its terms and conditions.

Date _____ at _____

Name (printed) _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Signature _____

Please: Email to: 1452mike@frontier.com or Steven@steveneolson.com

OR Mail to: PCI – Minnesota Chapter, 1452 Summit Shores Drive, Burnsville, MN 55306

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Physician's Evaluation of Eligibility

The patient would most likely be transported in a light General Aviation aircraft, unpressurized and at altitudes of up to 8,000 feet above sea level. If you can approve this patient taking this flight, **please do so on the following form and return it to the patient/parent/guardian** as soon as possible. If you have any questions, please do not hesitate to call us at the number above.

Patient's Name: _____ **Age:** _____ **Weight:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ - _____

If patient is a minor, enter name of the parent or guardian: _____

Parent/guardian address if different from minor's: _____

Physician's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ - _____

Patient's Diagnosis _____

Medical reason for requested air travel: (please check all that apply)

- (a) Time-Critical
- (b) Financially Needy [individual and family unable to provide finances for trip]
- (c) Compassion [physically unable to travel by any other means]
- (d) Lack of local/nearby commercial service
- (e) Low Immunity System
- (f) Other, please explain: _____

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 8,000 feet above sea level.

Also, at this time, to the best of my knowledge, this patient/family does not have an infectious condition (including COVID 19, but not limited to) that could transfer to the pilot and/or other passengers.

Signed: _____, M.D./D.O.

Date: _____