



I, **(Please Print)** \_\_\_\_\_ certify that I am the parent or legal guardian of **(Please Print)** \_\_\_\_\_ (“Minor”). I hereby grant Minor permission to participate in the “Wings of Wonder” event conducted by Kids in Flight, Inc., an Ohio non-profit corporation (hereinafter “KIF”) which may include flight in an aircraft piloted by a KIF volunteer.

I understand and acknowledge that Minor’s participation in the Wings of Wonder event and flight on any aircraft piloted by a KIF volunteer is purely voluntary. Minor has not received, nor will Minor ever receive, any compensation of any nature whatsoever for Minor’s participation in Wings of Wonder or any other KIF activity.

I further understand and acknowledge that Wings of Wonder and flight in an aircraft piloted by a KIF volunteer are purely recreational activities.

I further understand and acknowledge that but for my voluntary execution of this Release of Liability, KIF would not allow Minor to participate in Wings of Wonder and/or fly in an aircraft piloted by a KIF volunteer.

Accordingly, I do hereby **RELEASE, ACQUIT AND FOREVER DISCHARGE AND HOLD HARMLESS** KIF and its directors, officers, employees, volunteers, agents and sponsors, from any and all claims, demands and causes of action of any nature whatsoever, arising out of or in any way related to Minor’s participating in Wings of Wonder and/or flight in any aircraft piloted by a KIF volunteer (including but not limited to potential exposure to COVID-19).

**I RECOGNIZE AND AGREE THAT THIS IS A RELEASE OF KIF, ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND SPONSORS FROM ANY AND ALL CLAIMS, DEMANDS AND CAUSES OF ACTION OF ANY NATURE WHATSOEVER.**

In the event any legal action is brought against KIF (or any of its directors, officers, employees, volunteers, agents or sponsors) by Minor or me or anyone acting by, through or under Minor or me (including, without limitation, our respective heirs, executors, administrators and/or statutory beneficiaries) for claims arising out of any injuries or damages (including death) suffered by Minor as a result of Minor’s participation in any activity that is the subject of this Release, I hereby agree, for myself, my heirs, executors, administrators and/or statutory beneficiaries, to **INDEMNIFY, DEFEND AND HOLD HARMLESS** KIF, its directors, officers, employees, volunteers, agents and sponsors, from any and all liability for any sums which may be payable to anyone by reason of said injuries to Minor and for the costs (including attorney’s fees) incurred by KIF in defense of such legal action.

I have read this Release and fully understand its contents. No representation has been made to me by KIF or anyone acting on its behalf to induce me to sign this Release except as stated herein. This Release contains all of the representations that have been made to me regarding KIF’s responsibility for injuries that Minor may suffer as a result of Minor’s participation in the activities covered by this Release. No other agreement regarding matters covered herein exists between me and KIF or anyone acting or purporting to act on behalf of KIF except as is stated in this Release. I fully recognize that by signing this Release, I am releasing KIF (and its directors, officers, employees, volunteers, agents and sponsors), and it is my intent to release KIF (and its directors, officers, employees, volunteers, agents and sponsors), from any and all liability that may arise out of any injury that Minor may suffer while participating in the Wings of Wonder event and a flight in an aircraft piloted by a KIF volunteer.

Further, on behalf of Minor, I hereby grant KIF an irrevocable, perpetual, fully paid-up, royalty free license to use any photographs, video recordings or other audio and/or visual recordings of Minor in all of its promotional activities, in presentations regarding KIF and/or in any other way that KIF, in its absolute and sole discretion, deems reasonable and appropriate.

\_\_\_\_\_  
Signature of Parent or Legal Guardian DATE  
In case of an emergency, please contact \_\_\_\_\_ at \_\_\_\_\_