



Dreams On Wings

Thank you and your family for participating in Dreams On Wings. We are very excited about our program that gives children fighting serious illnesses (and their immediate family) an airplane and limo ride at no cost to you. In addition to the rides we will have entertainment and refreshments at the airport. We want you and your family to thoroughly enjoy this very special day.

Enclosed you will find a complete waiver and release of liability agreement, as well as an enrollment form for you to complete and return. Also enclosed is a request for medical release for your child's physician to complete and return. Please send all of these forms as soon as possible to:

Dreams On Wings
P.O. Box 361301
Hoover, AL 35236

All forms must be received prior to the day of the flight.

If you are scheduled for a morning flight please arrive at the Atlantic Aviation Hangar 8 at 9 AM on Saturday, May 5th. The hangar is located at 6512 43rd Ave N at the Birmingham International Airport

While we certainly hope to accomplish the flights on May 5th, there is always a possibility that inclement weather will preclude flying. We will give you a phone number to contact on the morning of the event if you have any questions as to the status of the event.

If you have any questions, please contact a Dreams On Wings volunteer at: (205) 417-7003 or email dreamsonwingsbhm@gmail.com. Thanks again for participating and we are looking forward to a fun-filled day!

"Giving children faced with serious illness the experience and joy of flight which pilots feel privileged to share"



Dreams On Wings

Registration Form

Child's Name: _____

Parent Name(s): _____

Parent's Address: _____

Parents: Email: _____

Parent's Phone: _____

Please list each person who will be flying:

Child: _____

Parent or Guardian: _____

Parent or Guardian: _____

Sister (s) _____

Brother(s) _____

Best contact telephone number (very important): _____

Mail, email, or fax this form, along with the release of liability and medical release to:

Dreams On Wings
P.O. Box 361301
Hoover, AL 35236
Fax: 800.878.7745
Email: dreamsonwingsbhm@gmail.com

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REQUEST FOR MEDICAL RELEASE

Dreams On Wings
P.O. Box 361301
Hoover, AL 35236
(205) 417-7003

Date:

Attention: Dr.

We have been asked to fly a patient on the attached medical release form. Please help the patient by reading and signing the release and returning it as soon as possible.

Dreams On Wings is a nonprofit, volunteer pilot organization. We utilize a network of volunteer pilots. These pilots donate their time, planes and fuel to provide free flights to children and families facing serious illness. Pilots do not get reimbursed for their costs. It is imperative that our very limited resources go to those truly in need. Patients must meet the following criteria:

- The primary qualifying criterion is that the child is legitimately suffering from a **“life-threatening”** illness. We define life-threatening as **“Any progressive, degenerative or malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child’s life expectancy will not extend past his/her 19th birthday unless the course of the disease is interrupted or otherwise abated.”**
- The child must be medically stable. We are not an air ambulance service nor are we allowed to transport medical personnel on our flights. We are able to take those who bring their own oxygen.
- They must be ambulatory. We do not use large jets. Most of our planes are 4-6 seat unpressurized aircraft. Getting in and out of some of these planes can be comparable to climbing in and out of a small 2 door car. The patient must also be able to sit upright and wear a seatbelt for the duration of the flight. NOTE: Special arrangements can be made on a space available basis for children in wheelchairs as long as they can sit upright and use a seatbelt.

Please complete the attached medical release and return it ASAP. The flight will not be scheduled until the release is received. When you are done please return the medical release to the address above, or give it to the patient to turn in to us.

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Medical Certification Form

This form is to be completed by an **attending physician**.

NOTE TO PHYSICIAN: The child listed below is under consideration by the **Dreams On Wings** for fulfillment of Flying Dream Adventure. The primary qualifying criterion is that the child is legitimately suffering from a **"life-threatening"** illness. We define life-threatening as **"Any progressive, degenerative or malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child's life expectancy will not extend past his/her 19th birthday unless the course of the disease is interrupted or otherwise abated."** With the permission of the parent or guardian, as indicated by the signature on the attached Application Form, we request that you verify the health status of this child, and provide to us an honest assessment of the reasonable "urgency" of the child's condition. Your comments will remain in total confidence.

.....

Physician Name:

Address:

Telephone: Office:

Fax:

I verify that _____ is my patient and is under treatment for

_____ **(Physician please complete: Disease or condition)**

Prognosis with regard to functional capacity by age 19 is: -Poor -Fair -Good -Excellent

This disease or condition is life-threatening in that there is a **"progressive, degenerative or malignant disease or condition, resulting in a significant threat, likelihood or certainty that the child's life expectancy will not extend past his/her 19th birthday unless the course of the disease is interrupted or otherwise abated."** Yes No

It is my opinion that this child is physically Able Unable to participate in an age-appropriate, supervised and facilitated Flying Experience. This includes flying in an unpressurized private aircraft for up to one hour.

Any specific precautionary measures or extenuating circumstances? _____

Any further explanation that might assist the medical review Board? _____

Physician Signature _____ **Date** _____

Physician License Number: _____ **State of License** _____

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COMPLETE WAIVER AND RELEASE OF LIABILITY AGREEMENT



IMPORTANT! Read both sides of this Complete Waiver and Release of Liability Agreement (“Agreement”) carefully. It is intended to be a legally binding document. You may want to consult an attorney to obtain advice about this document. By signing this Agreement, you are indicating your express acceptance of the following terms and conditions:

1. Dreams On Wings has arranged for the transportation of the Passenger in a general aviation, propeller driven aircraft (“Aircraft”) in connection with a humanitarian mission (“Proposed Mission”). The Passenger is receiving this service for free and Dreams On Wings, the Pilot, and Co-Pilot (if applicable) are providing this service on a completely voluntary and humanitarian basis without compensation.

2. The Passenger is riding in the Aircraft voluntarily, of his or her own free choosing and will, without force or coercion, and after careful consideration of the risks associated with riding in the Aircraft. These risks include property damage, personal injury, and death, which may result from, among other things, turbulence, mechanical or equipment malfunctions, emergency landings, or accidents. The Passenger expressly assumes these risks and understands that the Proposed Mission may not be completed. The Passenger has considered other forms of transportation and, after considering such, has chosen to ride in the Aircraft. The Passenger is not required to ride in the Aircraft and the Passenger’s medical condition does not otherwise necessitate riding in the Aircraft. The Proposed Mission does not constitute a critical medical flight and the Aircraft is not a charter or ambulance aircraft. Accordingly, the Aircraft is not equipped with any medical equipment and no medical assistance can be provided to the Passenger on the Aircraft.

WARNING: INDIVIDUALS WHO SUFFER FROM CLAUSTROPHOBIA, HEART CONDITIONS, PHYSICAL DISCOMFORT OR IMPAIRMENT, NERVOUSNESS, ANXIETY, PANIC ATTACKS, OR PREGNANCY ARE STRONGLY ENCOURAGED TO CONSULT WITH A PHYSICIAN PRIOR TO THE PROPOSED MISSION.

3. In consideration of the free service being provided to the Passenger, which the Passenger acknowledges as being sufficient legal consideration to support this Agreement, the Passenger completely waives and releases the following parties (“Released Parties”): (a) Dreams On Wings, together with their officers, directors, shareholders, members, employees, agents, contractors, volunteers, assigns, successors, insurers, and attorneys; organizers and participants; and (b) the Pilot and the Co-Pilot (if applicable), together with their heirs and personal representatives; and (c) the Aircraft Owner, Lessee (if applicable), and Lessor (if applicable), and each of them, together with their heirs and personal representatives and, if the Aircraft Owner, Lessee (if applicable), or Lessor (if applicable) is a corporation or other legal entity, their officers, directors, shareholders, members, employees, agents, contractors, volunteers, assigns, successors, insurers, and attorneys.

4. The Passenger forever waives, releases, and discharges each of the Released Parties from any and all claims and demands of any nature, including, but not limited to, economic damages; non-economic damages; special damages; incidental and consequential damages; and property damage, personal injury, and death, which directly or indirectly arise out of the Proposed Mission or the delay, inability, cancellation, or failure to complete the Proposed Mission either timely or wholly, including the boarding and deboarding of the Aircraft. **IN DOING SO, THE PASSENGER IS RELEASING EACH OF THE RELEASED PARTIES FROM ANY AND ALL CLAIMS OR DEMANDS OF ANY NATURE WHICH MAY ARISE, EITHER DIRECTLY OR INDIRECTLY, OUT OF THE RELEASED PARTIES’ OWN NEGLIGENCE OF ANY FORM.** It is the intent of this Agreement to protect each of the Released Parties from lawsuits, claims, and demands and to otherwise hold the Released Parties harmless from lawsuits, claims, or demands which in anyway relate to, either directly or indirectly, the Proposed Mission, even if the claimed damages or injuries are not immediately apparent. The Released Parties are relying upon the acknowledgments set forth in this paragraph and this Agreement.

5. The Passenger has had a sufficient amount of time to read this Agreement in its entirety prior to boarding the Aircraft and further acknowledges that he or she fully understands every word contained in this Agreement and the purpose and intent of this Agreement. A duplicate, photocopy, or facsimile image of this Agreement shall have the same legal effect as the original Agreement and in the event that the original Agreement is lost, destroyed, or misplaced, a duplicate, photocopy, carbon copy, or facsimile image of this Agreement shall be substituted for the original Agreement.

6. This Agreement applies not only to the Passenger for whose benefit the Proposed Mission is being made, but also to each individual accompanying the Passenger, each of whom shall be considered a Passenger for the purposes of this Agreement. This Agreement also applies to any future Proposed Mission involving the Passenger. If any of the Passengers are under the age of 18 at the time of the Proposed Mission, a parent’s (or legal guardian’s) signature on behalf of the minor Passenger shall be binding on both the parent (or legal guardian) and the minor Passenger.

7. The provisions contained in this Agreement may not be modified, except through a written modification which must be signed by the Passenger, Dreams On Wings, and the Pilot. This Agreement represents the entire understanding between the parties hereto and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements or representations of the

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