

Section 5.9

EAA CHAPTER ORIENTATION RIDE INFORMATION FORM

Chapter #: _____ Date: _____

Time: _____

Chapter Address: _____

Contact Person: _____

Telephone Number : _____

Event: _____

Place: _____

Aircraft Information:

Year	Make and Model	Seats	Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pilot Information:

Name	Cert #	Med. Cert. & Date	BFR	Total Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: INCLUDE A COPY OF THE CHAPTER MINUTES WITH RESOLUTION TO HAVE ORIENTATION RIDES.

Return Form TO: EAA Risk Management, PO Box 3086, Oshkosh, WI 54903

EAA CHAPTER _____

PASSENGER RELEASE OF LIABILITY AND FLIGHT AUTHORIZATION FORM

In consideration of the donation made (if applicable) to EAA Chapter _____ and the airplane ride provided by the Chapter, the undersigned person/passenger, or parent/guardian, on behalf of the person/passenger listed below, their personal representatives, heirs and estates hereby agree to release, hold harmless, and indemnify EAA Chapter _____, its Officers, Director, Members, Volunteers; the Experimental Aircraft Association, Inc., EAA Aviation Foundation, Inc., and its divisions, any of their officers, directors, agents, employees, volunteers, co-sponsors, or affiliated organizations, for any and all bodily injury, including death or property damage, as a result of entering, exiting, or riding on board any aircraft owned and/or operated by, or on behalf of the aforesaid organizations.

Name of Person/Passenger: _____

* Signature of Person/Passenger or Parent and/or Guardian: _____

** Name of Person/Passenger or Parent and/or Guardian: _____

Address: _____

Date: _____

Witness: _____

Date: _____

* Signature and name of person/passenger for anyone 18 years of age or older. Signature and name of Parent and/or Guardian for anyone under 18 years of age.

** Personal Identification Required.

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