



Aviation Camps of Kentucky

A program of The Aviation Museum of Kentucky, Inc. ©
www.aviationky.org/camps e-mail: camps2018@aviationky.org

Bowling Green Aviation Camp, July 10 - 11, 2018, 8:30 until 3:30 each day for ages 10 - 16 The Aviation Heritage Park Summer Camp at the Bowling Green-Warren County Airport

NOTE: There are **two parts** to the camp application. **Part 1** is the **application** shown below. **Part 2** is a **Waiver** form that is required by EKU since they conduct the flights. **Both** must be completed online **OR** printed out and mailed to the address shown below. To register online, go to www.aviationky.org/camp.asp. Click on 'Reserve Your Spot' and follow the directions.

Location of camp - Bowling Green-Warren County Regional Airport, Bowling Green, KY

Deadline to register - June 26

Help to fly an airplane with a FAA certificated pilot. Students participate in planning and conducting a flight. (**Note:** If the flight must be cancelled for any reason, a refund of **\$65.** will be made to whomever has previously paid the full camp tuition.)

Aviation camp activities: Student activities include flight simulation, navigation, aeronautics, airplane instruments, airplane design, weather, NASA space, careers, etc. Campers also get a photo of themselves with an airplane.

Lunch, snacks, camp t-shirt and other items are provided.

Once enrolled, confirmation will be by phone or email.

Payment or financial aid request

Include a check for \$269 per student, payable to the **Aviation Museum of Kentucky, Inc.** **OR** pay by credit card by going to the museum's website at www.aviationky.org. If financial aid is **required** in order to attend camp, download a Bowling Green aid application form at www.aviationky.org/camps. Mail financial aid applications to the address below.

Questions? Call (270)842-1101 or email samanthat@bgwcairport.org

**Detach and return the application & EKU waiver form with payment to: Bowling Green-Warren County Airport
1000 Woodhurst Street
Bowling Green, KY 42103 Attn: Rob Barnett**

(Detach below if mailing)

PLEASE PRINT Bowling Green Aviation Camp Application July 10 - 11, 2018

Student's Name _____ Age _____ (by camp date) Home phone _____

Address _____ City & State _____ ZIP Code _____

Parent's work phone _____ Parent's cell phone _____ E-mail _____

PARENTAL PERMISSION: I (*parent's or legal guardian's printed name*) _____ give my permission

for (*student's printed name*) _____ (the "Student") to participate in all activities of the Aviation Camp including the airplane flight. I also give my permission for this Student to appear in possible photographs, videos, or publications of camp activities that might be used to publicize the aviation camp and/or other aviation museum sponsored events. I acknowledge and agree that: (i) the Aviation Museum of Kentucky (the "Museum") is relying upon this permission form and would not allow the Student to participate in its absence, (ii) potentially dangerous conditions may exist in and around the airport and equipment used during the Aviation Camp, and (iii) by permitting the Student to participate, I may expose the Student to situations and risks that he or she has not previously encountered (including without limitation all risks associated with airplane flights). I hereby, on behalf of myself and Student, (I) ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN THE AVIATION CAMP, (II) WAIVE, AND RELEASE THE MUSEUM, OFFICERS, AGENTS, AND EMPLOYEES ("RELEASED PARTIES") FROM, ANY AND ALL CLAIMS OR CAUSES OF ACTION FOR INJURY, DAMAGE OR LOSS TO THE PERSON OR PROPERTY OF THE STUDENT OR OTHERS ARISING FROM OR IN ANY WAY RELATING TO THE STUDENT'S PARTICIPATION ("CLAIMS"), AND (III) AGREE TO INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS (INCLUDING ATTORNEY'S FEES). This is an express release and waiver of and from all such claims, including without limitation all claims or causes of action based on alleged or actual negligence or gross negligence of the Released Parties. This, however, does not release any claims or causes of action based on willful, wanton or intentional misconduct. **Deadline to register - June 26**

Signature of parent or guardian: _____ Date _____

Circle t-shirt size (*adult sizes*) S M L XL XXL

Does your student have any food allergies? _____ If so, please inform the camp staff.

Make check for \$269. (per student) payable to The Aviation Museum of Kentucky

PARENTS: Please note how you learned about Aviation Camp: **internet** _____; **newspaper** _____; **friend** _____; **relative** _____; **teacher** _____; **counselor** _____; **other** _____

Part 1

Payment: (please check one)
Check enclosed - _____
Paid by credit card online- _____

Part 2

EKU Waiver form - required before the airplane flight - mail with application or email

PARENTS - This complete form is required for each student to fly in camp!

Eastern Kentucky University Waiver of Liability, Assumption of Risk, and Indemnity Agreement

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK.

Please read it carefully, fill in all blanks and **initial each paragraph**, next to the (X), before signing.

(X) _____ I, _____, hereby affirm that I have read this document in its entirety. By my signature below
(Name of Parent)
and by my **initialing each paragraph**, I agree to each and every term and condition of this document.

(X) _____ I UNDERSTAND THAT PARTICIPATION IN **AVIATION CAMP** (hereafter referred to as "Event"), which involves **FLIGHT IN A CESSNA 172**, CARRIES WITH IT CERTAIN INHERENT RISKS AND DANGERS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO: PERSONAL DAMAGE, INJURY, PARALYSIS, LOSS, DEATH, OR PROPERTY DAMAGE OR LOSS. I understand that these risks are described by way of example only, and that there are numerous other risks inherent in this activity to which I may be exposed. In the event of possible injury, I give permission for ECU to authorize the administration of medical care.

(X) _____ IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN **THE AVIATION CAMP** at **BLUEGRASS AIRPORT**, (date) _____: I, on behalf of myself and anyone claiming interest through me, DO HEREBY INTENTIONALLY, KNOWINGLY, AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS EASTERN KENTUCKY UNIVERSITY, and all its employees, regents, volunteers, and representatives FROM ANY AND ALL CLAIMS, ACTIONS, SUITS, PROCEDURES, COSTS, EXPENSES, DAMAGES, AND LIABILITIES brought as a result of my involvement in this event, whether such damage, injury, or loss results from NEGLIGENCE or some other cause, and to reimburse them for any such expenses incurred.

(X) _____ I understand that the University in no way represents, or acts as an agent for, any third-party trip organizer, the transportation carriers, hotels, and other suppliers of service during this event. I understand and agree that the University is not responsible for losses or expenses due to sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes or disruptions. Further, the University is not responsible for any disruption of travel arrangements, or any consequent additional expenses that may be incurred therefrom.

(X) _____ I do not desire to use the University provided transportation. I choose to use personal transportation (of my own vehicle, another student's, or other third party) and agree that the University has no liability regarding transportation and I travel at my own risk.

(X) _____ I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I acknowledge that ECU has not required, coerced, or encouraged me to participate in this event. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

(X) _____ I further agree that this document will be interpreted in accordance with the laws of the Commonwealth of Kentucky. If any term or provision of this document shall be held illegal, unenforceable, or in conflict with any law governing this document, the validity of the remaining portions shall not be affected.

Student Information ***Required for each student**

*First Name: _____ *Last Name: _____

*Phone Number: _____ *E-mail Address: _____

* _____ * _____
Sign name Print name Date

Signature of Parent or Guardian (if under 18 years of age): _____

Please Sign and return by mail ASAP to: **Aviation Camps of Kentucky**
3429 Laredo Drive
Lexington, KY 40517