



Membership Chair: Christine Bingham 520-990-9143

membership@flyingsamaritansaz.org

Membership Application

Pilot

Date of Application: _____

New

Renewal

TYPE OF MEMBERSHIP:

Regular Family (family member of a Regular member living in the same household)

Please list Regular member's name: _____

| | | | |
|-----------------|--|-------------|------|
| Last Name: | | First Name | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | | State | Zip: |
| Home Phone: | | Cell Phone: | |
| Fax Number: | | Work Phone: | |
| Email: | | | |

Information necessary for International Flights: Please list your name as it appears on your passport

| | | | | |
|----------------------------|-------------|--------------|----------------|------------------------------|
| Last name: | First name: | Middle name: | Male Female | Date of Birth: mm/dd/yyyy |
| Passport No.: Issuance: | Country of | Weight: | Citizenship: | Passport Expires: mm/dd/yyyy |

Profession/Skills useful to the Flying Samaritans: check all that apply

| MEDICAL | | DENTAL | SUPPORT |
|---|---|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Dentist | <input checked="" type="checkbox"/> Pilot |
| <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Hygienist | <input type="checkbox"/> Helper |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Other | | |

If you checked "Other," please describe:

IMPORTANT – WITH THIS APPLICATION, PLEASE INCLUDE:

- Release of Liability (yearly)
- Pilot's Acknowledgement (yearly)
- Pilot Information Sheet (yearly)

Single membership = Waived

Family membership = \$10.00

Total paid \$ _____

Paid by: Cash Check PayPal

FS Use Only:



RELEASE OF LIABILITY

This Document Affects Important Rights - Read it Carefully

RELEASOR:

The Flying Samaritans is a charitable non-profit organization made up of chapters in two states. Flying Samaritans arranges non-commercial flights and ground vehicle transportation in support of its mission to provide medical help to the needy at clinics, missions, meetings and trips in Mexico and the United States. Private air travel arranged by Flying Samaritans is provided by charitable pilots who volunteer and donate their time to fly private aircraft in support of Flying Samaritans' clinics, missions, meetings, and trips. Some volunteers travel to clinics, missions, and meetings in Mexico also using ground vehicular transportation. In order to arrange charitable flight service without fear of lawsuits or liability in case of accident, Flying Samaritans requires that all clinic, mission, and meeting volunteers, passengers, drivers and pilots of all aircraft and vehicles, read and sign this Release of Liability.

By your signature on this Release of Liability, you as Releasor, will waive your legal rights to claim, sue or attempt to hold liable the parties being released for any injury, death or property damage sustained in connection with any Flying Samaritans' meeting, mission, clinic, or aircraft trip and the ground transportation related to the meeting, mission, clinic, or trip. The parties being released are: The Flying Samaritans' parent organization and all Flying Samaritans' chapters, including their directors, officers, agents, attorneys, and non-pilot volunteers. Additionally, the volunteer pilots are being released from any liability in excess of their aircraft liability insurance (hereinafter "parties being released").

I understand and acknowledge that flying in private aircraft or ground vehicles necessarily entails the risk of bodily injury, death and property damage from pilot error or driver error or other operational errors. In addition, clinics, meetings, missions and trips could result in injuries from a combination of factors including but not limited to: mechanical failure, negligent maintenance, range and altitude limitations of aircraft, defects in runways and unimproved landing strips, interference by wildlife, limited or nonexistent air traffic control and radar coverage in remote areas, limited instrument approach procedures to airports, difficult search and rescue in remote areas, unfavorable weather or terrain conditions, latent defects in aircraft, the possibilities of contaminated fuel, terrorist acts, lack of sufficient security for aircraft and personnel, epidemic, illness, or disease, including Covid-19, or other causes. Notwithstanding these risks and other hazards of flying in small aircraft or traveling in vehicles, and involvement in clinics, missions, meetings and trips, which may be foreseeable but not specifically identified herein, **I understand and acknowledge** that I will expressly and **voluntarily assume all risks** and full responsibility for any bodily injury, death or property damages arising out of or related to a Flying Samaritans' flight or vehicular travel or clinics, missions meetings or trips due to **any negligence or other unintentional wrongdoing** of the parties being released.

I understand and acknowledge that Flying Samaritans may introduce me to a volunteer pilot or driver in order to arrange a trip, but that Flying Samaritans make no representations or warranties regarding the safety of the trip, the safety of the pilot or driver, the safety of the clinic, mission, or meeting, or the safety of the aircraft or vehicle. The pilot or driver in command alone will determine the place and time of departure, the safety and airworthiness of the aircraft or vehicle, the route or path of the flight, the adequacy of the weather, trip security, the altitude of the flight, and the various airports at which the pilot intends to land, and all other considerations of travel safety and security. I understand and acknowledge that I am a volunteer traveler on a Flying Samaritans' charitable flight and that neither the volunteer pilot nor Flying Samaritans is charging me for the service of transporting me. I may share the cost of my flight, but I am not paying for a trip. Any donations by me to Flying Samaritans are for its non-profit clinic, mission, meeting or trip activities and not as compensation or fare for the flight(s).

I understand and acknowledge that the Flying Samaritans' clinics, missions, meetings and trips are non-profit charitable activities, approved under Internal Revenue Code §501(c)(3), and that the directors, officers and volunteer pilots and drivers are unpaid volunteers and not employees. The Flying Samaritans' Directors, Officers and volunteers may be immune to suit under various federal and state laws.

I understand and acknowledge that Flying Samaritans does not have any insurance that would cover an aircraft or vehicle accident on a Flying Sam' trip. The volunteer pilots are required to agree to have their own aircraft liability insurance with sublimits no less than \$100,000.00, per passenger. The vehicle drivers are expected to carry their own insurance. The pilots promise that the policy coverage will be in effect for any Flying Samaritans-related flight. Accordingly, I understand and acknowledge that the pilot's aircraft liability policy or the driver's vehicle policy is the only insurance available for the flight for injury, death or property damage in connection with a Flying Samaritans clinic, mission, meeting, or trip.

PROMISES BY RELEASOR

In consideration of an opportunity to participate in a Flying Samaritans’ clinic, mission, meeting or trip, I hereby make the following promises in this Release of Liability, which I execute as Releasor:

The undersigned Releasor, personally and for their heirs, representatives and assigns, hereby irrevocably releases, acquits and forever discharges the parties being released, their family members and their heirs and estates, from all claims or demands, for all loss, injury, death or damage arising out of or related to the undersigned’s involvement as a passenger or pilot or volunteer on a Flying Samaritans arranged clinic, mission, meeting, or trip, or related air/ground/vehicular transportation. This Release applies whether damages are caused by **the negligence or any other unintentional wrongdoing** of the parties being released. With regard to the volunteer pilots who fly aircraft on Flying Samaritans-related clinics, missions, meetings or trips, **I understand, acknowledge and agree** that my Release of Liability is intended to release the pilots from liability for any damages in excess of the insurance coverage that the pilots promise to carry when on Flying Samaritans’ clinics, missions, meetings or trips. With regard to the volunteer drivers who drive vehicles on Flying Samaritans-related clinics, missions, meetings or trips, **I understand, acknowledge and agree** that my Release of Liability is intended to release the drivers from liability for any damages in excess of the insurance coverage that the drivers promise to carry when on Flying Samaritans’ clinics, missions, meetings or trips.

I understand that this Release is intended to be a complete release and an irrevocable release of all possible claims for damages caused by negligence or other unintentional wrongdoing. Even if a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the Release, which if known by him, might have materially affected his decision, I intend that this Release shall encompass not only all known and foreseeable claims, but also unknown and unforeseen claims against any of the parties being released arising out of a Flying Samaritans’ clinic, mission, meeting or trip.

I understand and acknowledge that by signing this Release, I am giving the parties being released a continuous and ongoing release that includes this clinic, mission, meeting or trip, and this flight and subsequent flights and clinics, missions, meetings and trips in aircraft or related ground transportation on Flying Samaritans’ trips.

I understand and acknowledge that I am an adult of at least 18 years of age. My decision to participate as a passenger on this private non-commercial flight or passenger in related ground transportation is a voluntary decision and it has not been coerced in any way. I have been given this document in advance; thus, I am under no pressure to make an immediate decision to attend this clinic, mission, or meeting, or to take this trip on this aircraft. I know it is my right to elect not to sign this Release and to refrain from participating in this clinic, mission, or meeting, or trip. I may elect not to fly with any volunteer pilot and I may choose to take other forms of transportation at my expense as desired.

I understand and acknowledge that by signing this Release, I have not only agreed to personally waive any liability claim, but to assume all risk of injury, death or damage for this clinic, mission, meeting, or trip, and related flight and ground transportation. I also agree that by this document, I promise that my heirs, assigns, executor or administrator shall not file any claim or lawsuit against the parties being released, or their heirs, or their estates.

I understand and acknowledge that I may seek advice from legal counsel if I have any doubt before signing this Release. By signing this Release, I acknowledge that either I have sought the advice of legal counsel or wish to now waive the opportunity to talk to a lawyer before signing this Release.

I understand and acknowledge that by signing this Release, I am representing that I understand the language used in this Release. I represent that if there is any word or phrase that I did not understand that I have sought the advice of an attorney or other person for an explanation. I represent that in case of injury, death or property damage, neither me, nor my heirs, nor my representatives shall have a right to claim that I did not understand what I was acknowledging in this Release.

I understand and acknowledge that this Release is a full and complete agreement. No other information can be used to modify or alter the terms of this Release of Liability. This Release is a fully integrated, final and complete statement of the Release of Liability to which I have agreed. If any provision of this Release is declared invalid, the remaining provisions remain enforceable.

I understand and acknowledge that Flying Samaritans is a charitable organization with local chapters in Arizona. I agree that regardless of where this document is executed, this Release of Liability is deemed a private contract entered into in Arizona and that any occurrence or claim that raises an issue regarding the enforceability of this agreement shall be governed by Arizona law. I also agree that if any lawsuit is filed against the parties being released, in connection with a Flying Sam’s mission or meeting, that it shall be filed in a court of competent jurisdiction in the state of Arizona. In the event of litigation over the enforceability of this Release of Liability, the prevailing party shall recover attorney’s fees and costs from the other party.

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SIGNATURE OF RELEASOR:

Date: _____

By: _____
Signature

Printed Name

WITNESS TO SIGNATURE: (REQUIRED)

Date: _____

By: _____
Signature

Printed Name



PILOT'S ACKNOWLEDGEMENT

Every pilot must sign this document prior to participating in any Flying Samaritans activity as pilot in command

1. **I understand** that Flying Samaritans is a non-commercial, non-profit, volunteer public service organization, and its volunteer pilots, drivers, and trip coordinators have volunteered to provide air and ground transportation for the volunteers' convenience to assist in the operation of free medical clinics in Baja California, Mexico, or other compelling human needs as are determined suitable for Flying Samaritans. By this document I am acknowledging the terms and conditions of my participation as a volunteer pilot in these activities.

2. **I understand** that as a Flying Samaritans pilot I am not an employee of, nor controlled by, Flying Samaritans, and I am a volunteer member of Flying Samaritans who has agreed to donate the use of my aircraft and services to provide Flying Samaritans access to and from the clinics or any other Flying Samaritans activity. Although Flying Samaritans is deeply concerned about the safety of passengers receiving Flying Samaritans transportation, Flying Samaritans has no practical means of directly assessing and monitoring the competence, proficiency, or safety of either me, my aircraft, or any other pilot or driver, or their equipment. Nevertheless, in an effort to optimize safety, Flying Samaritans has requested, and will from time to time continue to request, that I provide by this document and other assurances that I and my aircraft meet basic minimum standards. I therefore represent and acknowledge that:
 - A. **I currently hold and will maintain** the appropriate Federal Aviation Administration (FAA) pilot certificate and current medical certificate for any given trip.
 - B. **I further represent and acknowledge** that my aircraft is in full compliance with all applicable FAA rules and regulations including, but not limited to, airworthiness and compliance with annual inspection as applicable for any given trip.
 - C. **I further represent** that I currently hold and will maintain liability insurance policy(s) with a minimum of \$100,000 per passenger and will maintain it/them effective for any given trip.
 - D. **I also acknowledge and understand** that Flying Samaritans relies on Federal Aviation Regulations, and my devotion to comply with those regulations, in operating my aircraft; and my affirmation to Flying Samaritans that I will observe specified precautions on all trips to achieve safety. I also acknowledge and understand that I am solely responsible for weight and balance calculations, fuel and weather considerations, and all other preflight actions and preparation for any part of a trip with Flying Samaritans. Any decision to take off or land in any specific airport or landing strip is my own decision.

3. **I understand** that as a volunteer pilot I am volunteering my services and use of my aircraft and will not be financially reimbursed for either these services or the costs of the aircraft operation beyond sharing the direct costs of a particular trip, such as fuel costs and landing fees as defined in FAR § 61.113(c).

4. As such, Flying Samaritans and those persons acting on its behalf, trip coordinators, officers, board members, referring agencies, and all others associated with Flying Samaritans, are relying on my signing this Pilot's Acknowledgement in return for my participation in the Flying Samaritans charitable services.
5. In the event that any term or provision of this Pilot's Acknowledgement is held to be invalid, the remaining portions shall remain in full force and effect.
6. This Pilot's Acknowledgement may be used and is to be deemed valid as to all Flying Samaritans transportation in which I participate as a pilot.

As evidenced by my signature below, I have read this Pilot's Acknowledgement in its entirety and agree to its terms.

Date: _____

By: _____
Signature

Printed Name

Flying Samaritans Arizona
 Tucson Chapter
 P.O. Box 40431
 Tucson, AZ 85717-0431



Pilot Information Sheet

Pilot Information

| | |
|--------------------------|---------------------|
| Last Name: | First Name: |
| Medical Expiration Date: | Flight Review Date: |

Aircraft Information

| | | |
|----------------------------|-------------------------|--------|
| Aircraft Registration No.: | Make: | Model: |
| Empty Weight: | Gross Weight: | |
| Fuel Capacity: | Useful Load: | |
| Insurance Carrier: | Insurance Renewal date: | |

Information needed for eAPIS filing

| | | | |
|-----------------|--------------|----------------|--|
| CBP Sticker No. | eAPIS Number | Aircraft Color | |
| | | | |