



## Discovery Flight Information Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mi: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

## Cactus Aviation Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

### Credit Card Information

Card Type: MasterCard VISA

Cardholder Name (as shown on card):

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV Code:

Cardholder ZIP Code (form credit card billing address):

\_\_\_\_\_

I, \_\_\_\_\_, authorize Cactus Aviation to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I also understand that I will receive an emailed receipt when my credit card is charged.

\_\_\_\_\_ Customer Signature Date

**DISCLOSURE STATEMENT AND AGREEMENT  
FOR RELEASE OF LIABILITY**

In consideration of my being permitted to participate in flight and ground operations conducted by CACTUS AVIATION INC. and as a part of my representation made to CACTUS AVIATION concerning my physical and mental condition, I (print name): \_\_\_\_\_, affirmatively state that;

1. I understand that under the terms of this agreement for release, I am assuming all risk of physical or other personal injury or damage to or loss of life or property which may result from CACTUS AVIATION INC. flight operations or its related activities, either in an aircraft operated or owned or not operated/ owned by CACTUS AVIATION INC.

Initials: \_\_\_\_\_

2. I hereby, for myself, my heirs, my executors, successors and assigns, waive and relinquish any and all claims for personal injury or damage to or loss of life, limb or property against CACTUS AVIATION INC or any of its managers, employees, volunteers, or sub-contractors provided to me by CACTUS AVIATION INC.

Initials: \_\_\_\_\_

3. Except for its negligence, I understand that by the terms of this Disclosure Statement and Agreement for Release of Liability, I have limited and waived my right to sue CACTUS AVIATION INC. or any of its managers, employees, volunteers, or sub-contractors for all damages and injuries which I might receive as a result of my participation in any and all flight or ground operations conducted by CACTUS AVIATION INC.

Initials: \_\_\_\_\_

4. I understand and accept the risks involved in flying in general.

Initials: \_\_\_\_\_

5. I am age 18 or older and am of sound mind and physical condition, hence able to participate in the flight operations conducted by CACTUS AVIATION INC.. If I am under 18, I acknowledge that all flights will be with an instructor or a qualified pilot checked out by CACTUS AVIATION INC. (and my parents or legal guardian must sign this form as well.)

Initials: \_\_\_\_\_

6. In the event of an accident due to my negligence, I understand that I am responsible for the payment of the insurance deductible for all CACTUS AVIATION INC. aircraft.

Initials: \_\_\_\_\_

7. I am not presently under the influence of drugs or alcohol.

Initials: \_\_\_\_\_

8. I agree that CACTUS AVIATION INC. may use photographs taken of me, my name, or likeness for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Initials: \_\_\_\_\_

I have carefully read this entire "DISCLOSURE STATEMENT AND AGREEMENT FOR RELEASE OF LIABILITY" and fully understand and agree to be bound by its contents. I am aware that by signing this contract, I MAY BE GIVING UP SOME LEGAL RIGHTS AND IT IS MY INTENTION TO DO SO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Parent or Legal Guardian (if under Age 18)