

Discovery Flight Information Form

Last Name:	First Name:		
Address:			
City:			
Phone:	Email:		
Date of Birth:	Weight:		
Emergency Contact:			
Phone Number:			
Card Holder Name:	Credit Card Autho		
Number:			
Expiration:			
Zip Code:			
I,, a purchases. I understand that my info I understand that I will receive an en	uthorize Cactus Aviation to clormation will be saved to file to ailed receipt when my credit	narge my credit card above for agre for future transactions on my accou card is charged.	eed upon unt.
		Customer Sigr	nature/Date

*Alternative Payment Method is Zelle. Zelle information is Cactus Aviation Inc. @ abyarb@gmail.com

DISCLOSURE STATEMENT AND AGREEMENT FOR RELEASE OF LIABILITY

INC. and as a part of my representation made	rticipate in flight and ground operations conducted by CACTUS AVIATION e to CACTUS AVIATION concerning my physical and mental condition, I
(print name):	, affirmatively state that;
injury or damage to or loss of life or property	s agreement for release, I am assuming all risk of physical or other personal which may result from CACTUS AVIATION INC.flight operations or its related perated or owned or not operated/owned by CACTUS AVIATION INC.
Initials:	
	rs, successors and assigns, waive and relinquish any and all claims for mb or property against CACTUS AVIATION INC or any of its managers, rovided to me by CACTUS AVIATION INC.
Initials:	
waived my right to sue CACTUS AVIATION IN	losure Statement and Agreement for Release of Liability, I have limited and IC. or any of its managers, employees, volunteers, or sub-contractors for all is a result of my participation in any and all flight or ground operations
Initials:	
4. I understand and accept the risks involved	in flying in general.
Initials:	
conducted by CACTUS AVIATION INC If I ar	d and physical condition, hence able to participate in the flight operations m under 18, I acknowledge that all flights will be with an instructor or a TION INC. (and my parents or legal guardian must sign this form as well.)
Initials:	
6. In the event of an accident due to my negli deductible for all CACTUS AVIATION INC. air	igence, I understand that I am responsible for the payment of the insurance craft.
Initials:	
7. I am not presently under the influence of d	rugs or alcohol.
Initials:	
	may use photographs taken of me, my name, or likeness for any lawful s as publicity, illustration, advertising, and web content.
Initials:	
	E STATEMENT AND AGREEMENT FOR RELEASE OF LIABILITY" and fully stents. I am aware that by signing this contract, I MAY BE GIVING UP SOME DO SO.
Signature:	Date:
Parent (under 18 required)	Date: