



# ANGEL FLIGHT OF BRITISH COLUMBIA

## PATIENT INFORMATION SHEET FOR ALL FLIGHTS

(Please complete as much as possible)

Medical Appointment Date & Time	
Date Flight Required	
Patient Name & Age	
Patient Address inc. Postal Code	
Patient Contact Details - Tel	
Patient Contact Details - Email	
Patient Contact Details - Cell	
Escort Name & Age	
Escort Contact Details if different from patient (Tel /Email)	
Approximate Weight of Patient	
Approximate Weight of Escort	
Approximate Weight of all Baggage	
Approximate Weight of all Return Baggage	
<u>Destination:</u> (Vancouver /Victoria/ Children's Hospital/ /Other please specify)	
Is transport required at Destination Airport? ( <u>Cancer patients only</u> )	
Estimated date and time of arrival at airport for the return flight?	
Medical clearance is required from your doctor. Have you attached the signed Waiver?	
Do you have a back-up plan should the flight be cancelled?	

**Note:** As Angel Flight uses small, privately owned, aircraft it is advisable to dress as comfortably as possible. Ladies are requested to wear slacks not skirts or dresses to protect their own dignity when climbing into or out of light aircraft. It is also requested that they do not wear shorts and sleeveless tops as these items may lead to some discomfort. As you may have to climb onto the wing of some of our aircraft for access sensible shoes are requested. Thank you for your cooperation.



**ANGEL FLIGHT OF BRITISH COLUMBIA**  
(MUST BE COMPLETED PRIOR TO FLIGHT)

***AIR TRANSPORT WAIVER OF LIABILITY***

Angel Flight, a non-commercial, non-profit, volunteer public service organization, and its volunteer pilot(s), hereby agree to provide the following passenger(s)

\_\_\_\_\_ and \_\_\_\_\_

with air transportation, free of charge, for the passenger's convenience in obtaining, assisting with or returning from medical treatment or diagnosis as are determined suitable for Angel Flight missions.

It is understood that Angel Flight pilots are volunteering their services and aircraft and are not financially reimbursed for their services of their agreeing to perform Angel Flight Missions. As such, Angel Flight, and those persons acting on its behalf, including referring agencies, board members, pilots, and all others associated with Angel Flight, are relying upon the signing of this Waiver in return for their providing charitable services.

**Adults:**

In consideration for receiving this air transportation free of charge, I agree to HOLD HARMLESS Angel Flight, its volunteer pilot(s), and those persons acting on its behalf including referring agencies, board members, pilots and all others associated with Angel Flight who have assisted in arranging Angel Flight transportation, from any and all liability, including, but not limited to, liability for negligence for any personal injury or property damage I might suffer, and for any wrongful death action which my heirs and/or my Estate might bring arising from my being a passenger on an aircraft or ground transportation provided by Angel Flight, and operated by pilots or others acting on behalf of Angel Flight. **THIS MEANS THAT NEITHER I, NOR MY HEIRS OR ESTATE, MAY PURSUE ANY CLAIM FOR DAMAGES**

**Minors or Legally Incompetent Individuals:**

In consideration for receiving this transportation free of charge, and on behalf of the minor/legally incompetent individuals who are to be transported, I agree to HOLD HARMLESS Angel Flight, its volunteer pilot(s), and those persons acting on its behalf, including referring agencies, board members, pilots, and all others associated with angel flight, from any and all liability, including, but not limited to, liability for negligence for any personal injury or property damage I/we, or the minor/legally incompetent passenger might suffer, and for any wrongful death action which their heirs and/or Estate might bring arising from said minor/legally incompetent individual being a passenger on a flight or ground transportation arranged by Angel Flight. **THIS MEANS THAT ON BEHALF OF THE MINOR/LEGALLY INCOMPETENT INDIVIDUAL I AM AGREEING THAT NEITHER THE MINOR/LEGALLY INCOMPETENT INDIVIDUAL. NOR HIS/HER HEIRS OR ESTATE, MAY PURSUE AGAINST THOSE PERSONS OR ENTITIES AS DESCRIBED HEREIN ANY CLAIM FOR DAMAGES ARISING OUT OF ANGEL FLIGHT VOLUNTEER TRANSPORTATION**

THE UNDERSIGNED HEREBY AFFIRMS LEGAL GUARDIANSHIP AND/OR RESPONSIBILITY OVER THE MINOR/LEGALLY INCOMPETENT PASSENGERS) BEING TRANSPORTED BY ANGEL FLIGHT, AND AGREES TO **INDEMNIFY, SAVE, DEFEND, AND HOLD HARMLESS** ANGEL FLIGHT, ITS VOLUNTEER PILOT(S), AND THOSE PERSONS ACTING ON ITS BEHALF, INCLUDING REFERRING AGENCIES, BOARD MEMBERS, PILOTS, AND ALL OTHERS ASSOCIATED WITH ANGEL FLIGHT, REGARDING ANY CLAIM FOR INJURIES, DEATH, OR DAMAGES WHICH SAID MINOR/LEGALLY INCOMPETENT INDIVIDUAL MAY BRING, OR WHICH MAY BE BROUGHT ON THEIR BEHALF(S), AS A RESULT OF BEING TRANSPORTED ON AN ANGEL FLIGHT AIRCRAFT OR GROUND TRANSPORTATION

I hereby consent to the minor/legally incompetent passenger mentioned herein being transported on Angel Flight arranged transportation.

I understand it is my sole and exclusive responsibility to purchase any flight or accident insurance should I desire to be insured on this flight.

In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.

**NOTE: THIS RELEASE MAY BE USED, AND IS DEEMED VALID, AS TO ALL ANGEL FLIGHT MISSIONS ON WHICH THE UNDERSIGNED, OR THE MINOR(S)/MENTALLY INCOMPETENTS ON WHOSE BEHALF THIS RELEASE IS BEING SIGNED, ARE PASSENGERS.**

As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms.

(NOTE: To be signed by each adult passenger, or if a minor/legally incompetent, by both parents, or if only one parent is available, that parent, or that person with sole legal custody, or the legal guardian/conservator of the minor/legally incompetent passenger)

\_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_

**DOCTOR'S CLEARANCE TO TRAVEL ON ANGEL FLIGHT.**

I, Dr. /Specialist \_\_\_\_\_, am aware of no side effects that would preclude my patient \_\_\_\_\_ traveling on an unpressurized aircraft to a maximum height of **10,000** feet for his/her journey home after undergoing medical treatment/diagnosis on \_\_\_\_\_ at \_\_\_\_\_ hospital/clinic.

Comments:

Signature \_\_\_\_\_ Dated \_\_\_\_\_

**PHOTO RELEASE**

I understand that in order to continue providing its free community service, Angel Flight relies upon contributions that are in part solicited through publicity. In order to contribute to its efforts, I grant Angel Flight permission to take and use my photograph for promotional, public relations and related uses.

Passenger #1 (initial) \_\_\_\_\_ Passenger #2 (initial) \_\_\_\_\_

**PLEASE SIGN AND RETURN TO ANGEL FLIGHT AT FAX NUMBER 250-655-0247**