

**Coeur D' Alene Aero-  
Modeling Society Primary  
Flight School**



**REQUEST AND RELEASE AGREEMENT**

Dated: \_\_\_\_\_, 201\_

I, the undersigned hereby request that Coeur D' Alene Aero-Modeling Society (CAMS), and its member/volunteer instructors give me or my minor child, \_\_\_\_\_, instructions and lessons on the preparation, starting and flying of radio control airplanes. I have been informed of and I know the risks and dangers involved in these activities, and that unanticipated and unexpected dangers may arise during such activities and I assume all risks of injury to me, my child and my/our property that may be sustained in connection with the stated and associated activities, including, without limitation, the potential crash and loss of my/our airplane and its on-board equipment.

In consideration of the permission granted to me to participate in the stated activities, and as an inducement for CAMS and its member/volunteer instructors to provide such instruction and lessons, I do hereby, for myself (and, if applicable, for my minor child), and my/our heirs, administrators and assigns, release, remise and discharge CAMS, its officers, board members, members and volunteer instructors, and all other participants in the stated activities of and from all claims, loss, damages, demands, actions, and causes of action of any sort, for injuries to person and/or property during or as a result of participating in any of the activities contemplated by this Agreement, whether such loss, damage, or injury results from the negligence of the CAMS, its officers, board members, members, volunteers, or from some other cause.

I represent and certify that (i) my true age is stated below, and/or that I am the parent or legal guardian of the above named minor and that I have given him/her permission to participate in the stated activities, (ii) I and/or the child is a member in good standing of the Academy of Model Aeronautics (AMA), and (iii) my (or the child's) attendance and participation in the stated activities is voluntary.

**I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING REQUEST AND RELEASE.**

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

Printed Name: \_\_\_\_\_

If Applicable, Relationship to Minor: \_\_\_\_\_

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

AMA Number : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Age/DOB of Minor: \_\_\_\_\_

