



Bullis Summer Programs Aviation Camp: Waiver for Flight Day

I hereby represent that I am the parent or legal guardian of the minor participant ("Participant") named below. In consideration of Bullis School permitting Participant to voluntarily participate in Washington International Flight Academy's Youth Flight Activities ("Flight") from July 28 to August 8, 2025, at Washington International Flight Academy's facility in Montgomery County Airpark, Gaithersburg, MD, I agree to the following terms:

Assumption of Risk

I understand that my child will participate in flight activities as both a pilot and passenger in a four-seat, single-engine aircraft under the supervision of certified flight instructors (CFIs) from Washington International Flight Academy. I acknowledge and assume all risks associated with these activities, including but not limited to, potential personal injury, property damage, and unforeseen incidents.

Release of Liability

I hereby release and discharge Bullis School, including its trustees, officers, employees, students, and agents, from any and all claims, demands, suits, causes of action, or judgments—whether known or unknown—that Participant, I, or our heirs, executors, administrators, or assigns may have now or in the future. This release covers any liability arising from or in connection with Participant's involvement in the Flight, including claims related to personal injury, property damage (including lost or stolen items), or wrongful death, whether caused by the acts, omissions, or negligence of Bullis School or its representatives.

Indemnification

I agree to indemnify and hold harmless Bullis School, its trustees, officers, employees, students, and agents from any and all claims, demands, suits, causes of action, or judgments—whether brought by Participant, myself, or any third party—arising from or related to the Flight. This includes claims for personal injury, property damage (including lost or stolen items), or wrongful death, whether caused by the acts, omissions, or negligence of Bullis School or its representatives.

I also agree to be responsible for any property damage or personal injuries that Participant or I may cause by intentional or negligent acts while participating in the camp.



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By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this General Release and Indemnification Agreement.

Participant's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____