

**OFFICE USE ONLY**

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

Amount Paid: \_\_\_\_\_

**THE LEARNING JET, INC.  
PROGRAM PERMISSION FORM**

Participant's Name (print) \_\_\_\_\_

**RELEASE OF LIABILITY**

I hereby certify that I am the parent or guardian of \_\_\_\_\_ and hereby grant permission for the above named individual to participate at The Learning Jet program to include a tour and attendance at The Learning Jet and adjacent hangar and any affiliated activities. In the event my child is photographed, filmed or recorded while participating in The Learning Jet, Inc. activities, The Learning Jet, Inc. may use the photo, film, or recording for publicity, promotional, or instructional purposes. I understand this program is an educational experience with hand-on activities, teamwork and other activities to foster interest in STEM subjects and lifelong learning. Such activities will include a visit at The Learning Jet and adjacent hangar at the St. Paul Downtown Airport (Holman Field). The aircraft and hangar classroom are stationary; there will be no actual flight.

I, therefore, agree to assume any and all risk for the above-mentioned individual to be directly involved at The Learning Jet, Inc. program and other activities related directly or indirectly to it.

In case of emergency, if an attempt to contact me fails, I authorize The Learning Jet, Inc. personnel, or the accompanying chaperon(s) to obtain any medical aid for the above named individual if they deem it necessary.

Date	Parent or Guardian Signature
Parent or Guardian's Printed Name: _____	
Address: _____	
City, State, Zip _____	
Contact Phone: _____	

**HOLD HARMLESS AGREEMENT**

**PLEASE NOTE: THE STATEMENT BELOW IS LEGAL AND BINDING. ANY ALTERATION OR MODIFICATION WILL RESULT IN THE INDIVIDUAL NOT BEING ALLOWED TO PARTICIPATE.**

In the event of an accident, illness or injury, and the persons listed above cannot be reached; I hereby give The Learning Jet, Inc. personnel permission to take any action deemed necessary in the best interests of my child.

Furthermore, I take full responsibility for any damage that might occur to The Learning Jet, Inc. property caused by my child. I understand this program includes a visit at The Learning Jet and adjacent classroom and includes hands-on activities, teamwork and other activities that build interest in STEM subjects and lifelong learning. Such activities will include a visit at The Learning Jet and adjacent classroom at the St. Paul Downtown Airport (Holman Field). I further understand that The Learning Jet activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I agree not to hold the The Learning Jet, Inc., any sponsoring agencies, including but not limited to, the Metropolitan Airports Commission (MAC), and all their staff, agents, employees or representatives liable in any way for any mishaps which might occur.

I also further understand and agree that The Learning Jet, Inc. or its representatives reserves the right to terminate the participation of any individual, including my child, when termination is deemed to be in the best interests of the individual, The Learning Jet, Inc., or both, in the sole judgement of The Learning Jet, Inc. staff.

Date	Parent or Guardian Signature
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**Signature is required. Unsigned forms will not be accepted.**

Sponsoring Agency (school, scout troop, etc.) \_\_\_\_\_

Agency Contact \_\_\_\_\_ Agency Phone \_\_\_\_\_