



# Pilots for Christ International-Wyoming Chapter

PO Box 94 Gillette, WY 82717

• Phone #: (307)622-7249 • Fax #: (888) 743-6504 • Email: [pci\\_wy@vcn.com](mailto:pci_wy@vcn.com)

## Request for PCI Transportation Services

Patient/Recipient Name: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Patient's Phone Number (Day): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If requester is a minor, enter name of the parent or guardian: \_\_\_\_\_

Parent/Guardian address if different from minor's: \_\_\_\_\_

Other Passenger(s) Names: \_\_\_\_\_

Detailed written reason for this request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Nature of Need:

- Time-Critical
- Financially Needy (individual and family unable to provide finances for trip)
- Compassion (physically unable to travel by any other means)
- Departure/Destination City's lack of commercial service (This will help determine the cost effectiveness of this trip)
- Low Immunity System
- Other \_\_\_\_\_

### Travel Information:

Requested Day and/or Date of Travel: \_\_\_\_\_

Departure City/State: \_\_\_\_\_

Destination City: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this person able to get in and out of the aircraft without help, or minimal help?  No  Yes

How many Passengers? (No guarantee of seat for more than two people) \_\_\_\_\_

Patient/Recipient's Weight: \_\_\_\_\_ Passenger #2 Weight: \_\_\_\_\_

Other Passenger Weight: \_\_\_\_\_

Will a return flight be necessary?  No  Yes If yes, what date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other important information:

1. **In an effort to be good stewards of the resources that God provides Pilots for Christ members, we ask that we primarily assist individuals and families in critical times of need. Such as urgent medical travel, medical procedures/treatments are being administered, or a loved one's end of life is near. Needs outside of listed issues above are dependent on generous donations by God's People, these requests will be posted online and depend on voluntary donations by private individuals.**
2. Patient/Recipient must understand that while they may carry their own oxygen in an FAA-approved container, PCI volunteers are not able to provide any medical service before, during, or after the flight.
3. Patient/Recipient must be aware that we do not arrange ground transportation,
4. Passengers should be aware that baggage in excess of 40 pounds per person total may not be accommodated.
5. Patient/Recipient should have back-up transportation in the event of a last minute cancellation of our flight, such as inclement weather.
6. A Physician's Evaluation of Eligibility form from a doctor, and any special equipment that may be needed. (We will not accept flight if the person requires any special equipment. Example: Life Support equipment, incubator, etc. Wheel chairs are an exception.)
7. The person must require no en-route medical care or assistance.

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Signature (Patient/Recipient)

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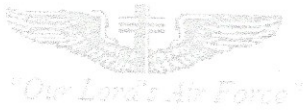
Date

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Signature (Parent/Guardian)

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Date



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## Physician's Evaluation of Eligibility

The patient would most likely be transported in a light General Aviation aircraft, unpressurized and at altitudes of up to 12,000 feet above sea level. If you can approve this patient taking this flight, please fill out the following information and return it to our office as soon as possible. If you have questions please feel free to contact us.

**Patient/Recipient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**If patient is a minor, enter name of the parent or guardian:** \_\_\_\_\_

**Parent/guardian address if different from minor's** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Patient's Diagnosis:** \_\_\_\_\_

**Medical reason for requested travel:** (please check all that apply)

- Time-Critical
- Financially Needy (individual and family unable to provide finances for trip)
- Compassion (physically unable to travel by any other means)
- Low Immunity System
- Other \_\_\_\_\_

### **PILOTS FOR CHRIST INTERNATIONAL-WYOMING CHAPTER IS NOT AN AIR AMBULANCE**

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 12,000 feet above sea level.

(Prior to Medical Apt., Medical Stay, and/or Medical Procedure)

**Signature:** \_\_\_\_\_, **M.D./D.O. Date:** \_\_\_\_\_

(After Medical Apt., Medical Stay, and/or Medical Procedure)

**(From Destination M.D./D.O.) Signature:** \_\_\_\_\_, **M.D./D.O. Date:** \_\_\_\_\_



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### Pilots for Christ International, Inc. Flight & Ground Waiver

Date: \_\_\_\_\_ (Inclusive of pages 1-3)

#### ACKNOWLEDGEMENT OF RISK, RELEASE & INDEMNITY AGREEMENT ("AGREEMENT")

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to enter into and to engage in flight and/or ground transportation activities with Pilots for Christ, International, Inc., its (Good Standing) member(s), its (Certified) Chapter(s), (the "PCI"). I further acknowledge and understand that "Flight activities" and/or "Ground activities", includes any and all activities and services of any kind whatsoever in which I engage or observe or participate while at a location, while in an aircraft or ground transportation, or during flight in an aircraft conducting Federal Aviation Regulations Part 91 (General Operating and Flight Rules), flight activities in an aircraft or ground transportation, flown by a volunteer pilot(s) or licensed ground transportation driver, engaged in flying, ground transportation, and or flight or ground activities, arranged by the "PCI".

**I ACKNOWLEDGE AND UNDERSTAND THAT FLIGHT AND GROUND TRANSPORTATION ACTIVITIES CAN BE INHERENTLY HAZARDOUS and involve both known and unanticipated risks which could result in damage or destruction of property and physical or emotional injury, including paralysis or death, of myself, my minor children, or of other persons.** The risks include, but are not limited to: being involved in an aircraft or ground transportation accident; partial or total loss of, limbs, eyesight or hearing; inhalation or other harmful contact with fuel or other contaminants; and being struck by flying or falling objects. I understand that such risks cannot be eliminated without compromising the essential qualities of the volunteer pilot(s), licensed driver (s) & aircraft or ground transportation, including flight and ground transportation activities that you have agreed to participate in through the PCI.

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT** the nature and conditions of the aircraft or ground transportation that has volunteered its use, ground premises and both ground and flight environment is such that both known and unanticipated hazards exist which could create or contribute to both known and unanticipated risks inherent while observing, actually entering into a privately owned, volunteer aircraft or ground transportation, or in using the volunteer aircraft or ground transportation, involved in activities of any kind whatsoever while in the aircraft or ground transportation, on the ground, moving on ground or while in flight. I understand that such hazards and risks cannot be eliminated without compromising the essential qualities of the volunteer aircraft or ground transportation, its equipment, and any subsequent unexpected weather environment.

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT** the PCI volunteer pilot(s), licensed driver(s), have no duty to undertake first-aid or rescue operations or any other remedial procedures in the event any such property damage or physical or emotional injury occurs, and that any such operations or procedures may result in compounded or increased damages or injuries.

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT** the PCI makes no warranty as to the design, manufacture, maintenance, condition or fitness for any particular purpose of the pilot(s), licensed driver(s) or privately owned aircraft or ground transportation, however PCI reminds passengers that both aircraft and pilots must be in compliance with Federal Aviation regulations Part 91, regarding pilot flight currency requirements and be within the pilots medical qualifications and aircraft maintenance requirements. Also, licensed driver(s) must be in compliance with all applicable State of License, laws and regulations. All

**Volunteer Pilots will explain that they are not paid, professional pilots and are not required to meet the same qualifications of commercial pilot operations.**

As lawful consideration for being permitted by the PCI to enter into the private volunteer(s) aircraft or ground transportation presented, and to use private volunteer(s) aircraft, ground transportation, or equipment and to engage in or observe flight, flying and other activities in the privately owned volunteer(s) aircraft or ground I agree as follows:

**I EXPRESSLY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS EXISTING BY USE OF THE PRESENTED VOLUNTEER PILOT(S) OR LICENSED DRIVER(S), PRIVATELY OWNED AIRCRAFT OR GROUND TRANSPORTATION, AND IN ENTERING INTO THE PRESENTED VOLUNTEER PILOT(S), PRIVATELY OWNED AIRCRAFT OR GROUND TRANSPORTATION, AND IN USING SAID AIRCRAFT, GROUND TRANSPORTATION OR EQUIPMENT AND IN ENGAGING IN OR OBSERVING FLIGHT, FLYING AND OTHER ACTIVITIES AT THE AIRCRAFT, OR GROUND TRANSPORTATION LOCATION AS PRESENTED.**

**I AGREE to assume all responsibility and liability for any act or acts, even any negligent, reckless or criminal act or omission to act, of my presence in using the presented privately owned volunteer pilot(s) aircraft or ground transportation.**

**I AGREE to abide by the PCI/Volunteer Pilots/Applicable FAR specifically Part 91 Rules, and ground transportation State Laws in the State the ground transportation activity is being administered.**

**I AGREE that I, my next of kin, heirs, guardians, representatives and assigns HEREBY AGREE TO IDEMNIFY AND HOLD HARMLESS the "PCI" from any against any and all claims, demands, damages, expenses, causes of action, attachments of property, or liability of any kind whatsoever, including reasonable attorneys' fees and costs, that I, my next of kin, heirs, guardians, representatives or assigns, or anyone else, resulting from me or my minor children entering into the privately owned, volunteer pilot aircraft or ground transportation, using said aircraft, ground transportation, or equipment, or engaging in or observing flight, flying and other activities at, and in said aircraft, or ground transportation, or equipment, or engaging in or observing flight, flying and other activities at, and in said aircraft, or ground transportation, even if such claims, demands, damages, expenses, causes of action, attachments of property, or liability result partially or wholly from any act or acts, even any negligent act or omission to act, including negligent or omitted first-air or rescue operations or procedures, by the "PCI", FAA or the NTSB, or local municipality or other State governments actions.**

**I ACKNOWLEDGE AND AGREE that this Agreement shall be interpreted and enforced under the laws of the State of actual "incident or accident", and that the venue for any action or proceeding shall be the State of "incident or accident", without regard for the conflict of law rules of the State of "incident or accident", with any other State laws.**

**I FURTHER ACKNOWLEDGE AND AGREE that this Agreement is intended to be a broad and inclusive as permitted by law, and that if any provision or portion is held to be invalid, void or otherwise unenforceable, I agree and intend that the remaining provisions or portion shall continue and remain in full legal force and effect.**

**I FURTHER ACKNOWLEDGE AND AGREE that it is my understanding and intent that this Agreement, and any signed written amendments or modifications to it, shall remain in full force and effect from the date of execution and ever after and shall be applicable to each and every occasion that I enter into a privately owned aircraft or ground transportation, presented by a volunteer pilot, or licensed driver, on behalf of their membership in Pilots for Christ, International, Inc. as an At-Large member or a member of PCI specific Chapter, the "PCI".**

I have carefully read this "Acknowledgement of Risk, Release & Indemnity Agreement" and fully know its contents. I acknowledge that no other inducement, assurance or guarantee has been made to me in consideration

of my signing this Agreement, which I sign voluntarily and of my own free will. I further acknowledge and agree that this Agreement may be amended or modified only by a writing signed by me and by an authorized agent of the "PCI".

**I UNDERSTAND THAT BY MY SIGNATURE I AM GIVING UP SUBSTANTIAL RIGHTS, THAT I AGREE NOT TO SUE PCI, its MEMBERS, CHAPTERS, AND RELEASING AND HOLDING HARMLESS the PCI, ITS MEMBERS, AND ITS CHAPTERS, OF ANY AND ALL LIABILITY.**

\_\_\_\_\_  
Patient/Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Passenger #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Passenger #2 Signature

\_\_\_\_\_  
Date

**I, the undersigned, represent and warrant that I am the Parent or Legal Guardian of the Minor, whose name and signature appear above and hereby grant my permission and consent as to such Minor. I have read the foregoing "Acknowledgement of Risks, Release & Indemnity Agreement" and fully know and understand its contents and acknowledge and agree to be bound by all its terms conditions.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I and/or Parent/Guardian, Passenger give permission to Pilots for Christ International, to use any photograph(s) taken before, during, or after this mission flight for publicity purposes associated with the promotion of Pilots for Christ via news releases and/or other printed materials and does also relinquish any rights of ownership to said photograph(s). \_\_\_\_\_ (Requester's initial); \_\_\_\_\_ (Passenger #1 initial); \_\_\_\_\_ (Passenger #2 initial)