

PILOT VOLUNTEER FORM

Women Can Fly Day

Co-sponsors: Virginia Department of Aviation; The Ninety-Nines, Inc. and its local chapters; Shannon Airport, Suffolk Executive Airport, and Warrenton-Fauquier Airport.

Please print:

NAME: _____

PILOT RATINGS: _____

N-NUMBER: _____

MAKE & MODEL: _____

INSURANCE CARRIER: _____

INSURANCE COVERAGE LIMITS: _____

One week before the event, please provide a copy of your current medical certificate, pilot's license, and proof of insurance to the coordinator at your event airport. Bring the requested information with you in the event you were unable to supply the documents prior to the event.

I hereby attest that:

1. I am legal to fly as a pilot-in-command pursuant to the Federal Aviation Regulations (FARs).
2. My aircraft is airworthy and legal to fly pursuant to the Federal Aviation Regulations (FARs).
3. I am at least twenty-one (21) years of age and fully competent.
4. I carry accident and liability insurance to cover any personal injury to myself and/or others that may be sustained during the activity.
5. **PHOTO AND IMAGE RELEASE:** The pilot hereby gives the co-sponsors the absolute and irrevocable right and permission to use photographs, pictures, and/or images of the pilot taken at or derived from his or her participation in the *Women Can Fly* event in whole or in part, with or without alteration or modification, in any and/or all manner and in any and/or all media, in connection with the co-sponsors activities, programs, publications, and publicity.

(Signature)

(Date)