

# **FT Meade Flight Activity, Inc.**

## **RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

For the consideration of utilizing the services and equipment of FT Meade Flight Activity, Inc., it's agents, owners, officers, affiliates, volunteers, participants, employees, contractors, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as "FMFA, Inc."), I hereby agree to release, indemnify, and discharge FMFA, Inc. on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in an FMFA, Inc. aviation activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated in this type of activity. I expressly agree and promise to accept and assume all the risk of this activity. My participation is voluntary and I am electing to participate knowing the risks involved.
2. I hereby voluntarily release, forever discharge, and I agree to indemnify and hold harmless FMFA, Inc. from any and all claims, demands, or causes of action, which are in any way connected with my participation in FMFA, Inc. activities or use of FMFA, Inc. equipment or facilities including any such claims which allege negligent acts or omissions of FMFA, Inc.
3. Should FMFA, Inc. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. In the event that I file a lawsuit against FMFA, Inc. I agree to do so solely in the State of Maryland, and I further agree that the substantive law of Maryland shall apply to that action without regard to the conflict of law rules of that State. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Participant Signature (if 18 or over) \_\_\_\_\_ Date: \_\_\_\_\_

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

If participant less than 18 parent or guardian must sign. Name of Minor: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

If passenger, put FMFA, Inc. pilot passenger is flying with: \_\_\_\_\_