Minor’s (under age 18) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

AeroCamp Date\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIANS RELEASE FOR MINOR PARTICIPATION

By signing this document, you are waiving certain legal rights. Read carefully before signing. Please complete in blue or black ink.

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

 I hereby represent that I am the parent or legal guardian of “Participant”, who is under the age of 18. For and in consideration of Leading Edge Aviation, Inc. permitting Participant to participate voluntarily in a Leading Edge Aviation, Inc. AeroCamp to be held during 2025 at Leading Edge Aviation, Inc’s facility in Doylestown, PA, hereafter referred to as “camp”, I hereby assume all risks associated with the camp, and I release Leading Edge Aviation, Inc, its trustees, employees, students, and agents from all claims, demands, suits, causes of action, or judgements which participant or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Leading Edge Aviation, Inc. or its trustees, employees, students, and agents, arising out of or in any way connected to the camp, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions or negligence or Leading Edge Aviation, Inc. or its trustees, employees, students, and agents.

 I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS LEADING EDGE AVIATION, INC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGEMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS OR ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST LEADING EDGE AVIATION,INC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS, OR NEGLIGENCE OF LEADING EDGE AVIATION, INC., ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON LEADING EDGE AVIATION, INC. AND IN LEADING EDGE AVIATION, INC.’S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGEMENTS DESCRIBED ABOVE. 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 AEROCAMP.

Minor’s (under age 18) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

AeroCamp Date\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO RELEASE

 PARTICIPANT AND I hereby grant to Leading Edge Aviation, Inc. the right to reproduce, use exhibit, display, broadcast, distribute, and create derivative works of flight school related photographs or videotaped images of Participant for use in connection with the activities of the school or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the school’s newsletter, on their websites, and public relations/promotional materials, such as marketing and admissions publications, advertisements fund-raising materials and any other school related publications. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to, print, broadcast, videotape, CD-ROM, and electronic/online media. All photos taken are without compensation to the participant. All electronic or non-electronic negatives, positives, and prints are owned by the school.

I have read and executed this document with full knowledge of its legal significance.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Legal Guardian Signature Parent/Legal Guardian Name Printed Date

Minor Participant’s mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Street Address City/State Zip Code

 \*If you are a Leading Edge Aviation, Inc. employee or dependent of a dependent of Leading Edge Aviation, Inc., this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain.