



LOS MÉDICOS VOLADORES

THE FLYING DOCTORS

Trip Registration Form

Oasis (Southern California) Trips

Please print, fill out, and submit to the trip coordinator for the trip for which you are interested in participating. A separate form is required for each trip and should be furnished to the trip coordinator no later than the 15th of the month preceding the proposed trip. Please attach a \$175.00 check made payable to LMV. Your check will not be cashed until after the trip is completed. LMV will treat all information provided with appropriate confidentiality.

Trip Month _____ Year _____

All Volunteers

Volunteer Type: Healthcare Professional (*indicate specialty*) _____

Pilot Interpreter General (*indicate relevant skills*) _____

Name: _____ E-mail: _____

Street Address: _____ Birth Date: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Weight: Self _____ Baggage _____ Equipment _____

(for volunteer pilots to calculate aircraft weight & balance for flights)

Preferences: Pilot _____ Airport _____ Destination _____

Emergency Notification Information

Name: _____ Relationship: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Healthcare Professionals

Please attach a photocopy of your current license for LMV's verification purposes.

License #: _____ Exp. Date: _____

Volunteer Pilots

Please attach photocopies of pilot's license and current medical certificate.

License #: _____ Ratings: _____ Hours as PIC: _____

Aircraft #: _____ Aircraft Type: _____ # of Pax: _____

Important Information Regarding Your Trip

LMV Trip Cancellation Refund Policy

- If you cancel prior to the 15th of the month preceding the trip, LMV will give you a full trip fee refund. Later cancellations may result in forfeitures. However, if the trip is canceled because of bad weather, mechanical problems, or for other appropriate reasons beyond your control, and if the trip cannot be rescheduled, LMV will fully refund your trip fee.
- If mechanical failure of the aircraft or bad weather prevents or delays your return trip, LMV will not be responsible for alternative return travel expenses, including, but not limited to, lodging, meals, and alternative transportation.

LMV Membership Requirement

- All trip participants, including volunteer pilots, must have paid current membership fees of \$45.00 before commencing an LMV trip.

Acknowledgment and Signature

I have carefully read this trip registration form in full and have provided accurate information to the best of my ability. I understand that I am solely responsible for bringing with me all necessary documents for all border crossings to be undertaken as part of this trip. I have read and understand LMV's trip cancellation refund policy.

Date: _____ Signature: _____

CONTRACTUAL WAIVER OF LIABILITY

THIS IS AN IMPORTANT LEGAL DOCUMENT

**By This Document You May Be Waiving Significant Legal Rights of Your Spouse, Children or Heirs
Read Carefully and With Understanding**

Understanding: I, the undersigned, have been informed and understand that with respect to the trip referred to on the reverse side of this document, I will be traveling in a small privately owned aircraft (not owned by LMV) to and from remote mountainous areas of Mexico where navigation and rescue facilities are more limited than in the United States, and that for these reasons, among others, there is a significant degree of risk. Even though Los Medicos Voladores (LMV) has taken reasonable precautions in selecting pilots, LMV in no way warrants or guarantees the skills and capabilities of any pilot or the condition or appropriateness of the aircraft.

Purpose and Intent: The purpose of this Waiver of Liability is to provide immunity to LMV and the pilot's financial assets other than his or her aircraft liability insurance policy. Accordingly, the undersigned intends and agrees that in the event of his or her accidental injury or death, he, she or his or her heirs shall not by legal action seek financial recovery from LMV, its officers or the pilot's assets other than the pilot's aircraft liability insurance policy.

Contract: Therefore, in the event of an accident or incident causing injury or death, in consideration of being transported by private aircraft flown by LMV volunteer(s) to and from Mexico, the undersigned hereby on behalf of himself, herself and his or her heirs agrees to waive any right, claim or cause of action, against the pilot and/or owner of the aircraft and against LMV, its members, directors and/or officers whether or not said injury or death arises out of the pilot's or LMV's conduct or negligence of any kind. The only exception to the foregoing contractual waiver is that it is understood that the undersigned or his or her heirs may name the pilot of the aircraft and/or aircraft owner in a legal action not for the purpose of seeking the pilot's or owner's personal financial assets, but for the sole and only purpose of gaining access to possible aircraft liability insurance proceeds.

Signed

Date

Witness

Date

Notice to Pilots: This Contractual Waiver of Liability should be signed, witnessed and mailed to the trip coordinator before departure.

PILOT CERTIFICATION, AGREEMENT AND RELIANCE ON WAIVER

I certify that I am a qualified LMV pilot and that I am FAA licensed and current for all aeronautical operations contemplated for this mission and that my aircraft is airworthy. I rely on this Contractual Waiver of Liability as a consideration for making this trip.

Pilot's Signature _____ Pilot Certificate No. _____