

**Alaska Airlines Aviation Day**  
PERMISSION & PHOTO RELEASE FORM

Event Leader: John McAleer PortlandAviationDay@Alaskaair.com Phone: 503-312-8326 (Event Day Only)  
Address: 8070 NE Airtrans Way Portland, OR 97218  
Other Key Contact: Dave Allen Phone: 302-399-6283 (Event Day Only)

**To be completed by Parent(s) or Guardian(s)**

I have reviewed the above description of the planned activity and discussed it with my son or daughter. I recognize there are hazards, risks and dangers inherent in activities of this nature. I waive all rights of publicity and rights of approval. I acknowledge that I am over the age of 18. I have read and understand the full content and scope of this release. In consideration of the benefits to be derived, I hereby agree as follows:

I give \_\_\_\_\_ permission to participate in the activity described above.  
(Name of Student)

**I assure the unit leadership that my son or daughter is in good health and is able to participate in all program elements related to this activity except as noted by me as follows: (If none please state so)** \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by adult unit leadership to hospitalize, secure anesthesia, or order injections or surgery for my son or daughter, and I accept financial responsibility for all such necessary medical treatment; and I release Alaska Air Group, Inc. and its affiliates, Alaska Airlines and Horizon Air (collectively, "Alaska Airlines") and the Port of Seattle, their officers, agents, and representatives, and the leaders of this activity, from any and all liability, claims and causes of action arising out of or in any way connected with my son's or daughter's participation in this activity. I further agree to indemnify Alaska Airlines, Boeing, and the Port of Seattle, their officers, agents, and representatives, and the leaders of this activity, for all claims or causes of action which are initiated against them by, or on behalf of, my son or daughter, and which arises out of this activity. I agree that this release and indemnity agreement is binding upon me, my heirs and my personal representative, executor or administrator.

I am providing this release in consideration of the publicity and exposure that may result from the use of my child's name, likeness, image or voice (alone or together with other audio, visual or video materials) by Alaska Airlines. I hereby grant permission to Alaska Airlines to use and incorporate my child's name, likeness, image and voice derived from any photographs, video footage or other recordings taken during the course of my child's participation in activities described above on the date stated above. I understand that Alaska Airlines does not promise any specific scope or kind of publicity or exposure from such use by Alaska Airlines. I further understand and accept Alaska Airlines' right to crop, change, or otherwise edit any depiction of my child's name, likeness, image or voice, and agree that all ownership and copyright interests in the photograph, video, or other recorded form shall become and remain the property of Alaska Airlines.

I release the Cascade Pacific Council, the Boy Scout s of America, their officers, agents, and representatives, and the leaders of this activity, from any and all liability, claims and causes of action arising out of or in any way connected with my son's or daughter's participation in this activity. I further agree to indemnify the Cascade Pacific Council, the Boy Scout s of America, their officers, agents, and representatives, and the leaders of this activity, for all claims or causes of action which are initiated against them by, or on behalf of, my son or daughter, and which arises out of this activity. I agree that this release and indemnity agreement is binding upon me, my heirs and my personal representative, executor or administrator

I agree to provide Alaska Airlines with a valid e-mail address to be used for registration and communications about Aviation Day.

Signature (Parent or Guardian required)

Date: \_\_\_\_\_

Phone No. Home: \_\_\_\_\_ Emergency No. \_\_\_\_\_

Family Medical Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_