

Parent/Guardian Consent Form

Name of Minor Applicant: _____

Applied Course: Kai Tak Aviation - Aviation Camp - *Junior / Intermediate

*Delete the inappropriate

The applicant named above has applied course(s) with Kai Tak Aviation. As a minor applicant, the following releases must be agreed to and this form must be signed by the legal parent or guardian.

Please return this form on the first day of lesson.

Kai Tak Aviation

Unit 06, 5/F,
China Shipbuilding Tower,
650 Cheung Sha Wan Road,
Lai Chi Kok, Hong Kong

Tel: 2895 2747
Fax: 2895 2787

In connection with and consideration of the applicant's (named above) participation in Kai Tak Aviation course and related activities, I, on behalf of the applicant and myself, agree as follows:

- I represent and warrant that the applicant is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in this program or related activities or otherwise render his/her participation dangerous or harmful to him/her or others.
- Should the applicant require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with the applicant's participation in the program or related activities, I consent to any such treatment, first aid and/or transportation that may be provided to the applicant, and understand that Kai Tak Aviation will not be responsible for any costs associated with any of the foregoing. I agree to be informed of such as early as practicable as Kai Tak Aviation believes.
- I **give** / **do not give** permission for photos/videos containing the applicant's image in them during his/her involvement with the program to be used by Kai Tak Aviation for the purpose of future promotion on different platforms, including but not limited to Kai Tak Aviation's website, Facebook, Instagram, etc.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature: _____ **Date:** _____

Name of legal parent/guardian: _____

Contact phone number: _____