



AEROMEDICOS MEMBERSHIP

2015-2016

AEROMEDICOS

A Nonprofit Health Care Organization

Tax ID: 77-0117662

www.aeromedicos.org

Yes, I would like to be a member of the Aeromédicos team. I'm enclosing a tax-deductible membership gift of:

<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
Member	Family	Ground crew	Navigator Circle
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$5000
Co-pilot Circle	Pilot Circle	Cadeje Circle	Baja Circle

Mail your gift plus this Aeromédicos Membership form to:

**Aeromédicos
P.O. Box 538
Goleta, CA 93116**

Yes, I would like to volunteer my services:

Medical capability or specialty: _____

Spanish proficiency: _____

Other capabilities: _____

Due to extreme traveling conditions, such as heat, long flying distances in small airplanes, and busing into isolated areas, please indicate any personal medical conditions that we should be aware of:

Please complete the following information carefully.

Member 1: _____

Member 2: _____

Address: _____

City: _____

State: _____

Best phone #: _____

Email: _____

In case of emergency, please notify _____

Waiver of Liability: All Aeromédicos members who intend to volunteer their services, in any capacity, must also sign the Waiver of Liability form. The witness must be a non-family member.

Pilots Only:

Ratings: _____

Current airplane owned: _____

N Number: _____

Waiver of Liability

Aeromédicos Volunteers

This is an important legal document that may have significant consequences to you or those related to you. Read carefully and with understanding before signing. You are encouraged to seek legal advice.

FIRST: This Waiver of Liability covers all future trips to Mexico sponsored by Aeromédicos of Santa Barbara (hereinafter Aeromédicos) for the purpose of providing medical and dental services.

SECOND: I understand that I will be traveling to isolated areas and that the Aeromédicos medical treatment facilities in Mexico are primitive compared with those in the United States, and for these reasons, among others, there is a significant degree of personal risk.

THIRD: I understand that, with respect to the trips referred to above, I will be traveling in a small, privately owned airplane 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 personal risk. Aeromédicos of Santa Barbara in no way warrants or guarantees the skills and capabilities of any pilot or the condition or appropriateness of any airplane.

FOURTH: Since the purpose of this Waiver of Liability is to provide for immunity in the event of an accident or incident, both the undersigned and Aeromédicos intend and agree that there should be no personal financial responsibility assessed against any member (including the pilot or airplane owner), director, officer of Aeromédicos, or Aeromédicos itself. However, it is recognized and anticipated that liability insurance covering the airplane and/or pilot will exist, and it is not the intent that this Waiver of Liability preclude a legal claim against such insurance proceeds.

FIFTH: In the event of an accident or incident causing injury or death, the undersigned, in consideration of being transported by private airplane flown by Aeromédicos volunteers to and from Mexico, hereby, on behalf of himself or herself, and his or her heirs, agrees to waive any right, claim, or cause of action against the pilot and/or owner of the airplane and Aeromédicos, its members, directors, and/or officers; and, as the only exception to the foregoing, the undersigned agrees that he or she, or his or her heirs, may name only the pilot and/or owner of the airplane in a suit, not for the purpose of seeking the pilot's or owner's personal financial assets, but for the sole purpose of gaining access to possible insurance proceeds.

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Member 1 Printed Name Member 1

Signature Date

.....
Member 2 Printed Name Member 2

Signature Date

.....
Witness Printed Name Witness

Signature Date

Please complete and mail to: Aeromédicos, P.O. Box 538, Goleta, CA 93116