



OSF[®]
 SAINT FRANCIS
 MEDICAL CENTER



HELICOPTER CONSENT AND RELEASE

I, _____, being at least eighteen (18) years of age, in consideration for being given the opportunity to (i) observe actual rescue and emergency medical problems, situations and helicopter transportation, or (ii) permitted to ride in the OSF Saint Francis Medical Center helicopter, owned and operated by OSF Aviation, LLC, for use by The Sisters of the Third Order of Saint Francis, an Illinois not-for-profit corporation, owner and operator of OSF Saint Francis Medical Center in Peoria, Illinois (all referred to as “OSF”), do so at my own risk. OSF shall not be liable for any claims for damages arising from personal injuries sustained by me while riding in said helicopter. I knowingly, freely and voluntarily assume full responsibility for any injuries or damages which may occur to me, and I hereby knowingly, freely and voluntarily fully and forever release and discharge OSF and its agents, employees and representatives from any and all suits, actions, causes of actions and claims for damages on account of injuries or death to my person which might arise from, result from, or in any way be connected with my riding in the helicopter.

I have had explained to me and understand that the risks associated with (i) accompanying the LifeFlight team or (ii) riding in the helicopter include, without limitation, risk of injury to the person usually associated with aircraft accidental collision or mechanical failure, pilot error, or travel in unfavorable weather conditions. I stipulate and agree while riding in said helicopter to be bound by all applicable orders, rules and regulations of OSF.

In signing this consent and release, I hereby acknowledge and represent that I have read the foregoing release and consent, understand it, have had any question I may have answered and sign it voluntarily.

Dated: _____

 (Print Name)

Witness: _____

 (Signature)

 (Street)

 (City, State)