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Place pilot/passenger's photo ID here for scanning.
 (If under 18 years old, place parent or guardian's ID)

Waiver of Liability Form

Pilot/Passenger Information

Full Legal Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth (mm/dd/yyyy): _____ Under 18 years old (circle)? Yes / No

Government ID (DL): _____ ID place of issuance: _____

Phone number: _____ FAA certificate held: _____

Emergency contact: _____

Full name: _____ Phone number: _____

NOTE: The spaces following this text are to be filled out on the day of the initial flight, in front of the Instructor Pilot

Release, waiver of liability, assumption of risk, and covenant not to sue agreement:

I, (print full name) _____, hereby affirm that I am aware that flying and activities associated with flying have inherent and unforeseeable risks which may result in serious injury or death. I understand and agree that neither the pilot, nor Abel Aviation, nor any of their respective employees or affiliates, bear any liability for any injury, risk or death that I encounter as a part of flying activities. I read and understand the above covenants, restrictions and requirements of this agreement. I acknowledge that I received a copy of this agreement. If the pilot/passenger is under 18 years old, her/his parent or guardian who consents to the flying activities must sign this form.

____ (initials) I grant Abel Aviation irrevocable permission to take, use, publish, and distribute photographs, videos, and audio recordings (collectively, "content") featuring my likeness, voice, and performance. I understand this content may be edited, altered, copied, exhibited, published, or distributed for any lawful purpose, including marketing, promotional materials, websites, and social media, without my inspection or approval. I waive any right to royalties, compensation, or claims related to the use of this content. This consent is voluntary and binds me, my heirs, and assigns, and supersedes the 6-month limitation of this form indefinitely.

Pilot/Passenger signature: _____ Date: _____

Instructor Pilot Witness name: _____

Instructor Pilot Witness signature: _____ Date: _____

Parent or Guardian's full name: _____

Parent or Guardian's phone number: _____

Parent or Guardian's signature: _____ Date: _____

This form is valid for 6 calendar months following the date of the signatures provided.