

2018 Jim Shaw's Aviation Career Education (Ace)

Camp Application

Student Information:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____

Age _____ Gender: Male _____ Female _____

Current school _____ grade: _____

T Shirt Size: S M L XL (circle one)

Parent/Legal Guardian Information

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone # _____ Cell # _____

Work # _____ Email _____

Questionnaire:

Where and when did the first powered flight take place?

What contribution did Charles E. Taylor make to the first powered flight?

What does NASA stand for?

What year did man first set foot on the moon?

Name the world's largest commercial passenger aircraft.

What year did a man break the sound barrier?

Who was the first person to fly non-stop across the Atlantic Ocean?

What was the name of the first earth-orbiting satellite?

What manned aircraft holds the official speed record?

When was the first solo, non-stop, non-refueled flight around the world completed?

What year was the first human flight?

Essay: In 500 words or less, explain why you should be chosen to attend the Jim Shaw Ace Academy Camp. (Please attach essay on a separate page)

Mail or email, or drop off the completed applications to:

Jim Shaw ACE Academy, LLC.

163 Stratford Court

Suite 110, Box 3

Winston-Salem NC 27103

Email: ShawAceAcademy@gmail.com

*****APPLICATIONS ARE DUE BY JUNE 14th, 2018*****

RELEASE OF LIABILITY AND WAIVER OF RIGHTS

BY SIGNING THIS DOCUMENT I HEREBY WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SCIENCE CENTER AND ENVIRONMENTAL PARK OF FORSYTH COUNT D/B/A Jim Shaw's ACE Academy ("**Jim Shaw's ACE Academy**").

I am the legal guardian of a minor (the "Student") who desires to participate in Aviation Career Education (ACE) Summer Camp (the "Activity"), including, without limitation, to fly a plane, or to observe or otherwise participate in or in any other way be involved for any purpose with the Activity. I understand and acknowledge that Jim Shaw's ACE Academy is not operating the Activity and is acting only as administrative support. In consideration of the Student being permitted to participate in the Activity, I hereby agree to all the terms of this Release of Liability and Waiver of Rights (this "Release and Waiver").

1. **ASSUMPTION OF RISK.** I understand that participation in the Activity involves inherent risks and dangers of accidents, rescue operations, emergency treatment, property loss or damage, serious personal and bodily injury, death, and severe personal and economic losses. These may result not only from my and the Student's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment or vehicles. Further, there may be other risks not known to me or reasonably foreseeable at this time. I understand and I have considered the risks involved, and I voluntarily and freely choose to assume these risks.
2. **RELEASE FROM LIABILITY.** I fully and forever release and discharge Jim Shaw's ACE Academy and its respective affiliates, directors, officers, shareholders, employees, agents, and insurers, and all others involved in the Activity (collectively referred to in this Release and Waiver as "**Jim Shaw's ACE Academy**") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, the Student, my property, or any other person, directly or indirectly arising out of or in connection with my participation in the Activity, even if it is due to the negligence, injudicious act, omission or other fault of Jim Shaw's ACE Academy.
3. **INDEMNITY.** I will defend, indemnify, hold harmless and reimburse Jim Shaw's ACE Academy from and for all damages, losses, costs, or expenses (including legal fees) incurred by Jim Shaw's ACE Academy or paid by them to any person (including me, the Student or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from,

arising out of, or otherwise in connection with the Student's participation in the Activity. I will reimburse Jim Shaw's ACE Academy if anyone makes a claim against Jim Shaw's ACE Academy in connection with the Student's participation in the Activity, including, without limitation, any accident the Student may be involved in or any injury, loss, damage to me, the Student, other parties or property however caused.

4. **COVENANT NOT TO SUE.** I will not initiate any claim, lawsuit, court action or other legal proceeding or demand against Jim Shaw's ACE Academy, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me, the Student, other parties or my (or others') property in connection with the Student's participation in the Activity, and I waive any right I may have to do so. This means that I cannot sue to hold Jim Shaw's ACE Academy responsible for any injury, loss, or damage sustained by me, the Student, other parties or my (or others') property in connection with the Activity, even if it is due to the negligence, injudicious act, omission or other fault of Jim Shaw's ACE Academy. I waive my insurers' right to make a claim against Jim Shaw's ACE Academy based on payments by insurers to me, the Student or on my behalf for any reason. This means my insurers have no rights of subrogation against Jim Shaw's ACE Academy.

This Release and Waiver shall be binding upon and enforceable against me, the Student and our respective personal representatives, spouses, assigns, heirs and next of kin without limitation. It is my desire and intent that the words, terms, provisions, covenants, and remedies contained in this Release and Waiver shall be enforceable to the fullest extent permitted by Applicable Law. If any portion of this Release and Waiver is held invalid, the remainder shall not be affected and shall continue in full legal force and effect. That shall include modifying the Release and Waiver to allow any remaining claims to be waived, released, and indemnified against in the event that the inclusion of any particular provision is found to be invalid or contrary to public policy. The terms of this Release and Waiver shall continue from this date forever.

I specifically acknowledge and agree that this document is not intended to be a general release subject to limitations and conditions that would otherwise apply under applicable state laws, ordinances, statutes, rules and regulations (collectively, "**Applicable Law**"), and additionally agree to WAIVE ANY AND ALL GENERAL RELEASE LIMITATIONS PROVIDED BY APPLICABLE LAW OR ANY RIGHTS GRANTED TO ME UNDER APPLICABLE LAW. This Release and Waiver shall be construed and interpreted as broadly as possible under the Applicable Law of the jurisdiction in which the Activity takes place.

I REPRESENT AND WARRANT THAT I AM THE LEGAL GUARDIAN OF THE STUDENT LISTED BELOW AND HAVE SOLE AUTHORITY TO SIGN ON HIS OR HER BEHALF.

I HAVE READ THIS RELEASE AND WAIVER (INCLUDING THE COVENANTS AND AGREEMENTS ON THE REVERSE SIDE), FULLY UNDERSTAND ALL THE TERMS, UNDERSTAND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW, INCLUDING THE RIGHT TO SUE SCIWORKS, AND HAVE SIGNED THIS RELEASE (INCLUDING THE COVENANTS AND AGREEMENTS ON THE REVERSE SIDE) FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE OF ANY NATURE BEING MADE TO ME.

Student Name: _____

Parent or Legal Guardian:

Print Name: _____

Signature: _____

Date: _____

Jim Shaw's ACE Academy, LLC
Consent for Medical and/or Emergency Treatment

Middle School Students

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my

 (relationship)

 (dependent) – Full Name

I further give my consent to **Jim Shaw's Ace Academy Staff**, as the **Caregiver**; who will be caring for my dependent for the period June 18, 2018 through June 29, 2018, to arrange for routine or emergency medical treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

 Signature of Parent/ Legal Guardian

Allergies

Health Insurance Carrier

Health Insurance Policy # and Group #

Personal Care Physician

Medications dependent is taking

Notes for Jim Shaw's ACE Academy Staff "caregiver"

2018 Field Trip Consent Form

We are arranging field trips for the Jim Shaw's ACE Academy attendees for the period of **June 18-22, 2018** or **June 25-June 29, 2018**. We will be traveling by school bus to the locations indicated in the enclosed schedule. Lunch and/or snacks will be provided on the field trip. The students will be supervised by their corresponding counselor and additional adult supervisors. You will receive a notice the day before any field trips.

Accidents can be the result of the nature of the activity and can occur with or without any fault of either the part of the student, the Jim Shaw's ACE Academy Staff, or the facilities where the field trip is taking place. By allowing your son/daughter to participate in these field trips, you are accepting the risk of an accident occurring, and agree that the activities, as described in the schedule, are suitable for your child.

I give _____ permission to participate in the field trips mentioned in the schedule, including but not limited to: plane and helicopter rides and bus trips. Citizenship of this student is: _____. (This information is required for security purposes at manufacturing companies).

I understand that my child may be exposed to certain risks while participating in the field trips. Accidents and injuries may occur.

Signature of Parent/Guardian

Date

Jim Shaw ACE Academy Camp 2018
Video Information and Consent Form

The Jim Shaw's ACE Academy staff will be videotaping and taking pictures of classroom activities, field trips, and candid moments of the **2018 ACE Academy Summer Program**. The videos may also be presented on our website and to related audiences. We ask that you allow the ACE Academy to film your student.

I do hereby authorize the Jim Shaw's ACE Academy Staff to:

- a. Record my son's/daughter's participation and appearance on the video tape, audio tape, film, photograph or any other medium.
- b. Use my son's/daughter's name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording for any educational purpose which the ACE Academy staff deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge the ACE Academy staff from all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the stated purpose and in accordance with the terms stated above.

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____