

RECOMMENDATION FOR A FORMATION CHECKRIDE

For Wing _____ Lead _____ Signatory organization _____

I have observed _____ in _____ formation flight(s) in position(s) 1 _____ 2 _____ 3 _____ 4 _____ and find him/her qualified to fly formation.

The formation flight was flown in a _____ . I recommend the checkride be performed. (type aircraft)

Recommending pilot _____ Signatory _____ Date _____

RELEASE/HOLD HARMLESS

The undersigned Holder/Applicant of/for the Wing _____ Lead _____ Formation Qualification Card hereby acknowledges, and attests to that he/she is an active member of at least one of the signatory organizations. As an active member of one of the signatory organizations, I hereby agree to be familiar with, and abide by, the Guidelines, Rules and Regulations established by the Confederation of Signatory Organizations known as F.A.S.T. I further acknowledge and understand that the Guidelines, Rules and Regulations of F.A.S.T. have been established to provide the Holder/Applicant of/for this Card with the minimum information necessary to understand the procedures and signals of formation flying, and further, I acknowledge and understand that it is my sole responsibility to keep fully informed, current and aware of all information available, from whatever source, concerning formation flight. The undersigned recognizes and agrees that no representations or warranties have been made to him/her which are inconsistent with any of the procedures, signals and policies as set forth within the *Formation Flight Manual* (all editions) published by the T-34 Association, Inc. or the Darton International, Inc. video, *Formation Flying—The Art*. Further, I hereby acknowledge and recognize that this Formation Card/Evaluation does not waive my obligations to abide by all applicable local, state and federal rules and regulations. I further recognize that formation flight training and formation flight is inherently dangerous wherein there is a possibility of injury or death, and in consideration of my acceptance of this Formation Qualification Card/Evaluation, issued by participating Signatory Organizations I, for myself, my heirs, executor, administrators, and assigns, do hereby release and forever discharge the Signatory Organizations and every one of them and F.A.S.T., its members, employees, suppliers, agents, or representatives of and from any and all claims, demands, losses, or injuries incurred or sustained by me as a result of instruction, training attending, participating in, practicing for, and traveling to and from activities involving formation flights. Further, I agree to accept any and all financial obligations incurred as a result of the medical assistance, hospitalization and related expenses which may arise out of participation, attendance, practicing for, traveling to and from, or because of engaging in formation flights, organized or sanctioned by any named entity or individual named herein.

Print name _____ Signature _____

Date _____

Address _____

Phone _____ / _____ / _____

(home)

(cell)

(fax)

Email _____

Please send this form and F.A.S.T. card fee to the signatory organization with which you are affiliated.