

INFORMED CONSENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AGREEMENT PARTICIPANT FORM**PARTICIPANT CONSENT (IF YOU ARE EIGHTEEN YEARS OR YOUNGER, YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN THIS FORM)**

I am *eighteen (18) years of age or older, have read and clearly understood THE INFORMED CONSENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AGREEMENT SUPPLIED BY INTERAVIA SAL AND THE LEBANESE AERONAUTICS CLUB and that by signing this participant form, I agree to be bound by the agreement terms. I also confirm that all information contained in the declarations therein is true and accurate.

Name of Participant	
Address of Participant	
Occupation	Date of Birth
Work phone	Home phone
Email	Identity card number
Signature of Participant	Date

GUARDIAN'S CONSENT (FOR ALL PERSONS UNDER 18 YEARS)

I hereby certify that I have read and clearly understood THE INFORMED CONSENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AGREEMENT SUPPLIED BY INTERAVIA SAL AND THE LEBANESE AERONAUTICS CLUB and that I decree that all the information contained in the declarations above is true and accurate, and that I am giving my explicit and implicit consent.

Name of Guardian	
Address of Guardian	
Occupation	Relationship to Participant
Work phone	Home phone
Email	Identity card number
Signature of Guardian	Date

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name of person to be notified	
Address of person to be notified	
Occupation	Relationship to Participant
Work Phone	Home Phone

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