

CUSTOMER DATA FORM

Name:			
Last	First	Middle	
Today's Date ://	Date of Birth:_	II	
	Home Address		
Street:	Home Phone:_		
City, State, Zip:	Mobile Phone:		
Email Address:			
<u>Emergen</u>	ncy Contact Information		
Name(s):Relation: _			
Phone Number(s):			
Email Address:			
<u>Insi</u>	urance Information		
Are you flying under a waiver?			Y / N
Have you ever had your FAA or DOT certificates	suspended or revoked?		Y / N
Have you ever had an aircraft accident, incident			
Has your aviation insurance company canceled,			
Have you ever been convicted or pleaded guilty			
Has your driver's license ever been suspended o	·		Y / N
Have you ever been convicted or are you under			<u>Y / N</u>
Have you ever been convicted of a felony?			<u> </u>
How Di	id You Hear About Us?		
☐ Web Search	☐ Radio Ad		
Friend or Family Member	☐ Social Media		
☐ Email or Newsletter	☐ Another Pilot		



LIABILITY RELEASE

(Covenant Not to Sue/Assumption of Risk Agreement)

Participant's Name: (Last, First Middle) Identification (Pilot [or Driver's] License Number)			
foreseen or unforeseen, that may befall me while I a	m participating in these ny family, estate, heirs, o	personally assume all risks of Flight Activities, whether activities. I further release, exempt, and hold harmless the r assigns, arising out of my participation in Flight Activities my pilot certification(s).	
aviation medical examiner and that I will not hold Re	eleased Parties responsi am of lawful age and leg	nust seek the ongoing care of a licensed and authorized ble for events resulting from my physical condition, ally competent to sign this liability release or that I have	
the knowledge that I hereby waive my legal rights. I	l further agree if any pro eement; however the rei	at I have signed this document of my own free act and with ovision of this Agreement is found to be unenforceable or nainder of this agreement shall then be construed as though	
ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALI DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTI	L LIABILITY AND RESPO Including, but not L Ents of this Liabili	ELEASE MY INSTRUCTORS, COLORADO FLIGHT CENTER, AND NSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY IMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, IY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY LF OF MYSELF AND MY HEIRS	
Participant's Signature	 Date	-	
Parent or Guardian's Signature (if Applicable)	 Date	-	



Renter's Name: (Last, First, Middle)

RENTERS AGREEMENT

1)		hereby expressly acknowledges and binds Renter, F the following:	Renter's heirs, and assigns for all liabilities to pay Colorado Flight
	a) b)	well as any damages to their persons or property	ble rate as specified at the time of rental. craft, or loss of equipment of the aircraft during the rental period as caused in whole or in part by failure to comply with the rules and ent, the procedures outlined in the Aeronautical Information Manual,
2)		agrees to return the aircraft at the agreed time, wo as soon as practicable of the delay.	eather permitting. In the event of a delay, to notify Colorado Flight
3)		_	ny location other than Colorado Flight Center due to weather or in returning the aircraft to Colorado Flight Center.
4)		agrees to pay all fines, penalties, forfeitures, court ns assessed against Colorado Flight Center resultir	costs, and other expenses for parking, landing fees, or other legal ng from Renter's use of the aircraft.
5)	by its co		er <i>Safety Procedures and Practices Manual</i> and agrees to abide 3.5 hours on hobbs within a 24-hr period when renting
6)		agrees to observe and comply with all Federal Avia ation Manual.	tion Regulations and the guidance prescribed by the Aeronautical
7)	undersi	, , ,	negligence or failure to comply with this agreement. I, the lity for the deductible portion of an insurance claim in the event of
8)	Renter agrees to pay all of Colorado Flight Center's costs and agrees to pay all other reasonable attorney's fees incurred by Colorado Flight Center arising out of, or in any way connected with the enforcement of the items or conditions of this agreement.		
9)		TSA security concerns, Renter agrees to allow Colo gnature below indicates your consent to that backg	rado Flight Center to conduct a criminal background check of Renter round check.
	Renter's	s Signature	 Date



Renter's Signature:

STATEMENT OF FINANCIAL RESPONSIBILITY

Renter's Na	me: (Last, First Middle)				
negligence deductible	d in the Colorado Flight Center Aircraft Rental Agor failure to comply with the Rental Agreement. I portion of an insurance claim (depending on the paysical damage to the aircraft.	, the undersig	gned, acknowledge and accep	ot financial responsibility for the	
I hereby agi	ree to (check one):				
	Maintain non-owned (renter's) insurance in an	amount equa	al to or greater than the dedu	uctible limits.	
	Insurance Company:				
	Physical damage limits:			_	
	Policy Number:				
	Policy expiration date:				
	(Attach copy of insurance policy.)				
	Authorize Colorado Flight Center to charge my damage attributed to pilot error.	y credit card t	for the amount of the deduct	ible in the event of	
	Credit Card Type (circle one):	VISA	MasterCard	American Express	
	Card Number:				
	Exp. Date:	C	VC (back side):		
	Name on Card (please print):			_	
	Billing Address & Zip Code:			_	
	Telephone Number:				

Date:



CREDIT CARD CHARGE AUTHORIZATION

l,		, agree to maintain a	valid copy of my credit car	d and driver's license on file at
Colorado Flight				
	e charges I can incur,	_		rges I incur at Colorado Flight n, Pilot Supplies, Aircraft Rentals,
Signature:				
Address:				
Credit Card Ty	pe (circle one):	VISA	MasterCard	American Express
	Card Number:			
	Exp. Date:		CVC (back side):	
Name on Card (please print):		ase print):		
	Telephone Number			
Signature:			 Dat	e:



SCHEDULING & BILLING POLICY

We maintain a **24-hour cancellation policy**. Instructor time will be billed for any appointment canceled less than 24-hours prior to the appointed time. Any scheduled flight training time which is interrupted by weather or other reasons will be substituted with a ground training session.

We would like to remind all CFC customers, per our **Safety Procedures & Practices Manual**, that we have a 24-hour cancellation policy. Our flight instructor's work hard to provide you with the best possible training around and their time is extremely valuable. In most cases, they are not able to fill the canceled lesson with less than 24-hours' notice.

We know (and respect) life happens and take that into consideration however we ask you to please respect your CFI's time and be prepared to compensate them for it.

CFC wants your flight training experience to be second to none which we can only assure with your help.

By signing below, you confirm the statement above has been read:	
Signature	Date
Thank you,	
Colorado Flight Center	



PHOTO RELEASE FORM

	JF2	
	I hereby grant permission to the Colorado Flight Cente flight school and during flight training in publications,	, , ,
	related to the mission of the Colorado Flight Center.	
	NO	
	I do NOT grant permission to the Colorado Flight Cente	. • .
	flight school and during flight training in publications,	news releases, online, and in other communications
	related to the mission of the Colorado Flight Center.	
Vama.		
Naiii6.		
Δddreg	SS:	
Tuui o		
Phone:		
110110		
Email <i>i</i>	Address:	
Sionat	ure of Adult, or Guardian of Children under	age 18
Jigilat	aro or Adait, or Guardian or Official and the	460 10