- > I understand that I have been approved for a free flight with WOM volunteer pilots.
- > I understand because my pilots are volunteers there are certain terms I agree too.
 - 1) I understand my pilots will choose the time we leave. Knowing that if it is an appointment that day we will arrive in time for me to get to my appointments.
 - 2) I understand that once a date/day has been selected that this is the day/date I will fly. I cannot change by calling the pilots and requesting a different day.
 - 3) I understand that my passenger will have a waiver of liability and also that I will NOT add anyone without preapproval by the office.
 - 4) Any changes, however small, must go through the WOM office, not the pilots.
 - 5) If I am at an appointment and I find out there is any reason I must stay beyond the meeting time with pilots I must call the office immediately.
- ➤ I agree to read all of the printed material on the website with the forms other and including the application pages I must send back to the office.
- ➤ I understand pilots sometimes have weather or mechanical issues. They can cancel at any time. I agree I will have a backup plan for my medical appointment. If I change the date of appointment because of this I need to call the office and tell the staff.
- ➤ I understand I must have a passenger that is capable of making decisions for me if I should become ill or incapacitated on the plane. I also understand this passenger can help me board and also leave the aircraft.
- As my information is confidential I agree to keep the names of the pilots confidential also. If I send a thank you I must send it to the WOM office in a pre-stamped envelope inside another envelope for the staff to take out and mail for me.
- ➤ I understand no requests will be made to pilots to drive me to and from appointments once we have landed or anywhere else. Pilots are only responsible for the flight.
- > I understand that by signing this I agree not to make any changes without preauthorized approval from the WOM office.

	Print
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