COPA
CONSENT AND PARTICIPATION AGREEMENT

Camp COPA is an organized activities for children traveling with adult members of the Cirrus Owners and Pilots Association, a Nevada non-profit corporation ("COPA"), to Dayton, Ohio during June 17, 2010 to June 20, 2010.

I wish to enroll my minor child named _____ (fill in child's name) and consent to my child's participation in Camp COPA activities. I recognize that participation in Camp COPA, even though well supervised and managed, poses a risk of physical injury to my child and I agree to assume such risk on behalf of my child. I understand that if I have questions about these risks, I have the opportunity to ask those questions before signing this Consent and Participation Agreement. By signing this Consent and Participation Agreement, I fully accept these risks on behalf of myself and my child. I certify that my child has no medical condition or impairment, including the use of medication that might inhibit his or her participation. I further certify that my child is accompanied by an adult named _____ who has the authority to seek medical attention for my child, if necessary. My child has the following allergies and medical conditions the Camp COPA staff and medical emergency services personnel need to be aware of:
_____.

RELEASE OF LIABILITY

In consideration for my child being allowed to participate in Camp COPA, on behalf of myself and my child, I agree to, and do hereby waive any and all claims against, and fully release, hold harmless, and indemnify Cirrus Owners and Pilots Association, a Nevada non-profit corporation ("COPA"), its directors, officers, agents, employees, volunteers, partners, affiliates, subsidiaries, successors and assigns from liability and responsibility for any and all illness, injuries (including loss of life), damages, claims, rights and causes of action of any kind or nature, including medical and/or accident expenses which my child may incur during his/her involvement in the Camp COPA and any act or omission including negligence by COPA or its agents and representatives. I expressly assume and accept the risk for all injuries of my child. I hereby certify that my child is provided coverage by personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above which might occur. I agree that Ohio laws shall be applied when enforcing this agreement.

Dated: _____ Parent/Guardian Signature:_____

Print Parent/Guardian Name:_____
_____.

PERMISSION TO SELF CHECKOUT
(Must be 12 years or older)

My child has my permission to check themselves out following the end of each Camp COPA session they attend. I understand that my child will no longer be under the supervision of a Camp COPA counselor and I assume full responsibility for their actions and activities.

Dated: _____ Parent/Guardian Signature:_____