

Alaska Airlines Aviation Day

PERMISSION & PHOTO RELEASE FORM

I have reviewed the description on Alaska Airlines, Inc.'s website of the planned activity (Alaska Airlines Aviation Day) and discussed it with my child. I acknowledge that I am over the age of 18 and have read and understand the full content and scope of this permission & photo release form. I recognize there are hazards, risks and dangers inherent in activities of this nature and in consideration of the benefits to be derived, I hereby agree as follows:

- I give myself and/or my child permission to participate in Alaska Airlines Aviation Day.
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- I confirm that I and/or my child are in good health and are able to participate in all program elements related to this activity.
- I hereby give permission to the physician selected by adult unit leadership to hospitalize, secure anesthesia, or order injections or surgery for my child, and I accept financial responsibility for all such necessary medical treatment.
- I release Alaska Air Group, Inc. and its affiliates, including Alaska Airlines, Inc., Horizon Air Industries, Inc., and Hawaiian Airlines, Inc. (collectively, "Alaska Airlines"), and San Francisco International Airport, their officers, agents, and representatives, and the leaders of this activity, from any and all liability, claims and causes of action arising out of or in any way connected with my and/or my child's participation in this activity. I further agree to indemnify Alaska Airlines and San Francisco International Airport, their officers, agents, and representatives, and the leaders of this activity, for all claims or causes of action which are initiated against them by, or on behalf of, myself and/or my child, and which arises out of this activity. I agree that this release and indemnity is binding upon me and my child, my heirs and my personal representative, executor or administrator.
- Without further consideration, I also understand, accept and consent to the use by Alaska Airlines of my and/or my child's name, likeness, image and voice in any photograph, video or other recorded form for any Alaska Airlines publication or product of any kind for marketing or public relations purposes including advertising, brochures, or promotional items of any kind whether in print, electronic or other media. I waive all rights of publicity on behalf of myself and/or my child. This consent also applies to any such usage on the internet and worldwide web and to any other means of distribution whether internal or external to Alaska Airlines. I understand and accept that if Alaska Airlines uses my and/or my child's likeness, image or voice on the internet or worldwide web that this usage may be accessed and downloaded by anyone with access to that medium subject to laws of copyright and fair usage.
- I am providing this consent in consideration of the publicity and exposure that may result from the use of my and/or my child's name, likeness, image or voice (alone or together with other audio, visual or video materials) by Alaska Airlines. I hereby grant Alaska Airlines the irrevocable right and permission to use and incorporate my and/or my child's name, likeness, image and voice derived from any photographs, video footage or other recordings taken during the course of my and/or my child's participation in activities described above on the date of the activity. I understand that Alaska Airlines does not promise any specific scope or kind of publicity or exposure from such use by Alaska Airlines and that no royalties or compensation shall be provided to me or my child. I further understand and accept Alaska Airlines' right to crop, change, or otherwise edit any depiction of my and/or my child's name, likeness, image or voice, and agree that all ownership and copyright interests in the photograph, video, or other recorded form shall become and remain the property of Alaska Airlines. I hereby waive any right that I or my child may have to inspect or approve the materials, or the use of the materials, containing the use of my and/or my child's name, likeness, image or voice.

Signature (Parent or Guardian required) _____ Date: _____

Phone No. Home: _____ Emergency No. _____

Family Medical Insurance Provider _____ Policy No. _____