

**PILOT TRAINING REGISTRATION FORM**

**Customer Information**

PILOT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
*(PLEASE INCLUDE AREA CODE/INTERNATIONAL COUNTRY CODE)*  
LOCAL CONTACT INFO (HOTEL, US CELL, ECT.) \_\_\_\_\_  
IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Company/Billing Information:**

COMPANY NAME: \_\_\_\_\_  
BILLING CONTACT: \_\_\_\_\_  
BILL TO ADDRESS: \_\_\_\_\_  
BILL TO ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

**Course Description:**

A/C Type \_\_\_\_\_  
Course Requested: \_\_\_\_\_ Course Start Date: \_\_\_\_\_  
Tuition Amount: \_\_\_\_\_ Deposit : \_\_\_\_\_  
Other Notes: \_\_\_\_\_

A/C Type \_\_\_\_\_  
Course Requested: \_\_\_\_\_ Course Start Date: \_\_\_\_\_  
Tuition Amount: \_\_\_\_\_ Deposit : \_\_\_\_\_  
Other Notes: \_\_\_\_\_

**PILOT FLIGHT HISTORY**

NAME: \_\_\_\_\_ A/C SN: \_\_\_\_\_

FAA MEDICAL CLASS:  I  II  III DATE: \_\_\_\_\_

FAA CERTIFICATES HELD:	TYPE:	NUMBER:

**FLIGHT EXPERIENCE – TOTAL HOURS FLOWN**

ROTARY WING: \_\_\_\_\_ FIXED WING: \_\_\_\_\_

**TYPES OF ROTORCRAFT FLOWN**

Type	Hours	Last Six (6) Months Hours

**HOLD HARMLESS STATEMENT**

MD Helicopters, LLC (hereinafter MD Helicopters) provides no warranty or guarantee with respect to the training provided herein. MD Helicopters shall have no obligation or liability, whether arising in contract (including warranty), tort (whether or not arising from the negligence of MD Helicopters) or otherwise, for loss of use, revenue or profit or for any other incidental or consequential damages with respect to any training services including technical assistance, all data and documentation or other things provided under this agreement. I (Customer), on behalf of myself, my heirs, successors and assigns **EXPRESSLY WAIVE ANY AND ALL CLAIMS, SUITS OR DEMANDS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS** and agree to defend, indemnify and hold harmless MD Helicopters, from **ANY AND ALL CLAIMS, LAWSUITS, OR DEMANDS RESULTING FROM ANY LOSS, INJURY, DAMAGE, OR DEATH, AS WELL AS PROPERTY DAMAGE ARISING OUT OF, CONNECTED TO, OR RELATING IN ANY WAY TO MY TRAINING ACTIVITIES**, This includes but is not limited to all liabilities, claims damages, losses, costs and expenses of any kind and nature whatsoever for injuries to or death of any person, including without limitation any customer personnel or loss of or damage to any property, including without limitation property of customer including customer’s aircraft (whether hired, rented, borrowed, owned, or otherwise) arising out of or in connection with this agreement, the performance thereof by MD Helicopters customer, or any other party, including without limitation the provision or training services, technical assistance, any data or documentation, personnel, facilities, equipment, support, supervision, review or other things, whether or not such liabilities, claims damages, losses, costs and expenses arise out of the negligence of MD Helicopters. To the extent applicable, Customer shall cause its aircraft hull physical damage insurers to waive all rights of subrogation against MD Helicopters. For the purpose of this section, “MD Helicopters” includes MD Helicopters, its divisions, subsidiaries, the assignees of each, subcontractors, suppliers and affiliates, and their respective owners, directors, officers, employees and agents. This agreement shall be governed, performed, interpreted, construed, and enforced in accordance with the laws of the state of Arizona. Any disputes resulting in litigation under this agreement shall be adjudicated in Arizona Superior Court for Maricopa County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Registration Form to [training@mdhelicopters.com](mailto:training@mdhelicopters.com)