SMART DRONE ACADEMY

www.smartdroneacademy.online
777 N Jefferson St. Ste 408 #626
Milwaukee, WI 53202

262-505-2291
info@smartdroneacademy.online

Smart Drone Academy Liability Waiver

Course Title: Drone Safety and Operation Course

Location: Milwaukee County Park Systems (In-Person) / Virtual (Online)

Course Frequency: Monthly

Participant Information

1 .Full Name: _____

2 .Date of Birth: _____

3 .Address: _____

_____

4 .Email Address: _____

5 .Phone Number: _____

Acknowledgment of Risks

I, the undersigned participant, acknowledge that participation in the Smart Drone Academy Drone Safety and Operation Course (the "Course") involves inherent risks, including but not limited to the risk of personal injury, property damage, and other hazards associated with operating drones in various environments, including parks. I understand that these risks may arise from factors such as equipment failure, operator error, and environmental conditions.

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Release of Liability

In consideration of being allowed to participate in the Course, I hereby release, waive, and discharge Smart Drone Academy, its instructors, employees, agents, and affiliates (collectively referred to as the "Releasees") from any and all claims, liabilities, or damages arising from my participation in the Course, including any injuries or damages resulting from the negligence of the Releasees.

Indemnification

I agree to indemnify and hold harmless the Releasees from any claims, actions, or damages resulting from my conduct during the Course, whether arising from my negligence or the negligence of others.

Medical Consent

In the event of an emergency, I authorize the Releasees to seek medical attention for me if necessary. I understand that I am responsible for any medical expenses incurred as a result of my participation in the Course.

Acknowledgement of Undersatnding

I have read this Liability Waiver and fully understand its contents. I am aware that this is a release of liability and a contract between me and Smart Drone Academy, and I sign it voluntarily.

Participant Signature : _____

Date : _____

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Guardian Signature (if participant is under 18) : _____

Date : _____

Emergency Contact Information

1 .Full Name: _____

2 .Phone Number: _____

Thank you for your participation in Smart Drone Academy! We look forward to providing you with valuable drone skills in a safe and enjoyable environment.