

Saturday, April 28, 1990

EAA AIR ADVENTURE DAY

Wilderness Field
205 East 161st
Westfield, IN 46074

Directions to Site: Travel north on State Road 31 to 161st Street (161st St. is 1.7 miles North of where 31 & 431 join). Turn left (west) on 161st and travel 1.3 miles. Turn left (south) into EAA Chapter 67 driveway, (Chapter 67 sign at road) and come to Chapter 67 hangar.



EXPLORE THE
EXCITING WORLD
OF AVIATION
AT THIS

EAA AIR

ADVENTURE DAY

- ★ Discover how man has learned to fly and the principles of flight.
- ★ Learn the skills of aviation by building real airplane parts.
- ★ Learn about the exciting world of aeromodeling as you build and fly model aircraft.

A FULL DAY OF HANDS-ON (NON-FLYING) AVIATION FOR BOYS AND GIRLS.

If you are **10-18** years of age and interested in aviation, complete the back of this page to register.

NOTE: Pre-registration is required. See the registration form on the back of this page.

A PROGRAM OF THE:

CO-SPONSORED BY:



Chuck Larsen, Education Director

Wittman Airfield
Oshkosh, WI 54903-3065
(414) 426-4800



Tom Wood Automotive Group



EAA AIR ADVENTURE DAY-REGISTRATION

MAIL THIS FORM AND \$20.00 REGISTRATION FEE TO:

EAA AIR ADVENTURE DAY
 c/o David Morrow
 747 West 136th
 Carmel, IN 46032
 Nites: (317) 846-1390

- Registration fee must be attached to this form.
(Make checks payable to the registrar)
- Incomplete applications cannot be processed or accepted.
- Please neatly print or type!
- Registration 7:30 a.m. to 8:15 a.m., Sat. April 28, 1990.
- Activities 8:30 a.m. to 6:00 p.m..

Please mail ten or more workdays before event. After you have mailed your registration plan to attend. . .no response will be made unless there is a problem with your registration or the capacity of the program has been reached.

Registration Fee Received By _____ Date _____

(Detach along line and mail lower section)

***NOTE:** The registration fee covers all necessary expenses for the program. This includes materials, appropriate refreshments for breaks in the morning and afternoon as well as lunch. Program capacity of 30 participants.

APPLICATION INFORMATION

Name: _____

Name for Nametag: _____

Sex _____ Date of Birth _____ Age _____

Parent/Guardian: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: (_____) _____

Business Phone: (_____) _____

Applicant's Physician: _____

Physician's Phone: (_____) _____

Is applicant covered by health insurance? Yes No

Name of Insured: _____

Insurance Company: _____

Social Security # of Insured: _____

Policy #: _____

Group #: _____

Are there any medical conditions, disabilities or dietary needs we should be aware of?

Event Date: _____ Location: _____

The undersigned parents or guardians and participants agree as follows:

RELEASE AND INDEMNITY AGREEMENT

- (a) Permission for my teenage child to attend and participate in all EAA Air Adventure Day Activities, without restriction, is hereby granted.
- (b) It is agreed, on behalf of myself and my personal representative, assigns, heirs and next of kin to discharge and not sue the Experimental Aircraft Association, Inc., EAA Aviation Foundation, Inc., and its divisions and any of their officers, directors, agents, employees, volunteer workers or co-sponsors of the activity ("released parties") for any loss or damage as may result from injury or death to any participant, or property damage, including any loss, damage or costs resulting directly or indirectly from the released parties' negligence, while the participant is involved in the EAA Air Adventure Day.
- (c) We agree to indemnify and hold harmless each of the released parties for any loss, damage or costs they may incur, and for any liability that they may have to any other party, as a result of the participant's activities in the EAA Air Adventure Day, including any loss, damage or costs resulting directly or indirectly from the released parties' negligence.

PERMISSION FOR MEDICAL TREATMENT

I believe my child is physically and mentally capable of participating in all aspects of the EAA Air Adventure Day. It is my duty to consult a physician to get approval if my child had or now has an injury or illness that would limit or prohibit such activities. I hereby grant permission to take my child to any appropriate medical facility for emergency treatment.

CONSENT FOR PROMOTION

We hereby grant permission to photograph and/or interview participant for promotional purposes.

The undersigned hereby agree to follow the rules of conduct established for the EAA Air Adventure Day. We have read this entire document and fully understand each term and condition set forth above.

Signature of Participant: _____

Social Security #: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Applicant and parents or guardians must sign for application to be accepted.

FOR OFFICE USE ONLY	
Date Received _____	
Fee _____	
EAA Member # _____	
Nametag & Info _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

AIR ADVENTURE DAY ----- APRIL 28, 1990

- 7:30 - 8:15 am REGISTRATION
- ASSIGN TEAMS AND PASS OUT NAME TAGS
- 8:15 - 8:30 am INTRODUCTIONS
- GREETINGS
- VIEWING OF STATIC AIRCRAFT
- 8:30 - 11:30 am INSTRUCTIONAL PERIOD
- TEAM 1 CLASSROOM
- TEAM 2 AEROMODELING
- TEAM 3 WING RIB BUILDING
- 11:30 - 12:00 pm LUNCH
- HAMBURGERS FOR 45 PEOPLE
- 12:00 - 3:00 pm INSTRUCTIONAL PERIOD
- TEAM 1 AEROMODELING
- TEAM 2 WING RIB BUILDING
- TEAM 3 CLASSROOM
- 3:00 - 6:00 pm INSTRUCTIONAL PERIOD
- TEAM 1 WING RIB BUILDING
- TEAM 2 CLASSROOM
- TEAM 3 AEROMODELING
- 6:00 - 6:30 pm CLOSING
- SNACKS FOR 65 PEOPLE
- AWARDS

CLASSROOM CONSISTS OF:

- GROUND SCHOOL
- HISTORY
- SIMULATOR

AEROMODELING CONSISTS OF:

- BUILDING FLIP

WORKSHOP CONSISTS OF:

- WING RIB BUILDING

ALL DISPLAY AIRCRAFT SHOULD BE IN PLACE BY 7:30 am
- STATE POLICE HELICOPTER

DAVE MORROW 2-5-90