Sample Pilot Checklist – Please Make Your Own Checklist - version 2.2026

Safety Above All!! Thank You for Your Support!

1) **Mission Viability Verification**: Departure and arrival airports, hours, runway performance, fuel, FAR items
2) **Link Pilot (if Applicable):** Contact link pilot to coordinate airport, FBO, timing
3) **FBO's:** Email or phone with special needs, fuel, etc.
4) **Call Passenger – Mandatory** – Review Itinerary details
    - Confirm weight(s) of passenger(s) & baggage
    - Departure & arrive airport
    - Specific pickup meeting place
    - Destination appointment time
        - Optionally: past flight experience, aircraft entry/exit needs, baggage/equipment dimensions (wheelchair, stroller, portable O2, car seat, bulky baggage, seatbelt extender, etc.), etc.
5) **Cancellations, Changes or Questions:** Safety First!! SkyHope missions are not medical emergencies. Call Mission Coordinators with information regarding cancellations or changes to any missions.
6) **Mission Documents:** Liability Releases will be handled by the Mission Coordinators. Once signed, you will receive an email with a pdf copy of the signed waiver.
7) **Night Before:** Call passenger – reconfirm:
    - Departure and arrival times
    - Passenger(s) flying
    - Passenger(s) and baggage weights
        - Extra passenger(s) or weight not allowed without Mission Coordination approval. Please call Mission Coordinators with any changes
8) **Link Pilot (if applicable):** Night before and/or day of mission – call/email link pilot to confirm when & where
9) **Flight Plan – Mandatory**
    - Pilot must be on a filed flight plan either IFR or VFR on the passenger leg of the flight for the duration of the flight until reaching the destination airport environment (or cleared for the visual approach if IFR).
10) **TSA Compliance:** All adult passengers should have a TSA compliant photo ID
11) **Passenger Briefing:** Emergency, sterile cockpit, en route communication, weather, flight time, etc.
12) **Arrival:** If possible, escort patient to and confirm ground transportation before departing.

After flight: Complete a Post Mission Report which can be found in the Pilot Community under the "Reports" tab.

Questions, Changes, Comments – contact the Mission Coordination Team:

Office Phone: 631-694-7257
After Hours Number: 631-694-7257 x2
Fax: 631-994-3199
Email: missions@skyhope.org

Mailing Address: SkyHope, 7110 Republic Airport, Farmingdale, NY 11735
Mission Questions: missions@skyhope.org
Pilot Questions: pilotmail@skyhope.org
Flight Service: Weather Briefer / File a Flight Plan / Close a Flight Plan; 800.992-7433

Adult Liability Release and Indemnity Form Version 2.2026

Pilot: _____ **Co-Pilot:** _____

Aircraft: (Type and Number): _____ **Mission #:** _____

I,_____ , understand that Patient AirLift Services, Inc. (DBA SkyHope) has arranged one or more flights or other transportation, free of charge, for my convenience in obtaining, assisting with, or returning from medical treatment or diagnosis, or for other compelling humanitarian needs and flights of compassion as are determined suitable for SkyHope missions. I understand that SkyHope and the Pilots, Co-Pilots, operators, aircraft managers, owners, and/or lessors of the Aircraft and other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses for the proposed flight and that they are not being reimbursed for their costs, expenses, or services. As such, I understand that SkyHope, the Pilots, Co-Pilots, operators, aircraft managers, owners, lessors, and the other persons and entities being released by me are expressly relying on my execution of this release as a material pre-condition for their agreement to provide the volunteer transportation services to me. I also acknowledge that I am flying on the Aircraft and/or riding in the vehicles arranged for by SkyHope voluntarily and of my own free will.

In consideration of the furnishing of services, time, skills, flight, transportation, aircraft, vehicles, and other related costs and expenses being arranged and provided, I hereby agree to forever release, discharge, defend, and hold harmless the Pilot, Co-Pilot, operators, aircraft managers, aircraft and vehicles owner(s) and/or lessors of the Aircraft (as applicable), SkyHope, each of their respective divisions, parents, subsidiaries, wings, member organizations, affiliates, chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, andsuccessors in interest, and any and all entities who referred me to SkyHope (the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that I may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed transportation, the cancellation or delay of the transportation, and/or the failure to provide return transportation.

This release of claims specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the released persons or entities. In addition to economic damages, costs, and expenses, this release also specifically covers any and all damages forpersonal injuries, deaths, and conditions of health, whether or not immediately apparent following the flight, or which may at any time thereafter develop. As evidenced by my execution of this release, I regard the services, time, skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished to me by the Released Parties as significant, material, and valuable consideration in exchange for this release, and I value this consideration as a significant, material factor in my present and continuing wellbeing and physical prosperity. I have completely read and fully understand this document. I have spoken with a mission coordinator and/or other persons associated with SkyHope regarding any and all questions concerning the proposed flight. To the extent that there is any portion of this document that I did not fully comprehend, I understand that I had and continue to have the right to obtain legal advice from an attorney of my choice.

This agreement shall be binding upon all of my heirs at law, assigns, and successors in interest of all parties hereto. By myexecution of this release, I hereby manifest and make known my present wishes and intent that no representative of my estate take any action to pursue any claims based in tort, contract, or brought under any applicable wrongful death statute in the unlikely event that I die or suffer personal injury during my transportation by SkyHope. Similarly, I wish to manifest and make known my present wishes and intent that none of my relatives, heirs and assigns pursue any claim for loss of consortium or loss of support against SkyHope in the unlikely event that I die or suffer personal injury during my transportation by SkyHope. In stating my wishes and intent in this regard, I reiterate that I am receiving the transportation services provided by SkyHope on a purely charitable basis and, therefore, do not wish to see SkyHope exposed to any legal liability to me, my heirs and/or relatives as a result of their providing me with air transportation at no cost to me.

This agreement may be enforced by any party hereto and/or by any person or organization released in this agreement. I agree that this agreement shall be governed and interpreted by the laws of the State of New York.

Signature of Passenger #1 Signature of Passenger #2

Signature of Passenger #3 Date

Please initial below if you agree to allow Patient AirLift Services, Inc. (DBA SkyHope) to use your name(s) and photographs in any reports of the proposed flight that might appear in newspapers, radio, television or other SkyHope public relations activity. I agree to the use of my name to publicize SkyHope activities. _____ Passenger(s) Initials If you do not agree to public use of your name(s) it will not be used.

Important - Send by eMail, Fax, or U.S. Mail prior to flight to:

Sky Hope – 7110 Republic Airport, Suite 202, Farmingdale NY 11735 Phone: 631-694-7257 Fax: 631-994-3199

pilotmail@skyhope.org

GUARDIAN AUTHORIZATION AND LIABILITY RELEASE INDEMNITY FORM Version 2.2026

Pilot: _____ **Co-Pilot:** _____

Aircraft: (Type and Number): _____ **Mission #:** _____

Minor Passenger: _____ **Parent/Legal Guardian:** _____

I, _____the Parent and/or Legal Guardian of, (the "Minor Passenger") understand that Patient AirLift Services, Inc. (DBA SkyHope) has arranged one or more flights or other transportation, free of charge, for our convenience in obtaining, assisting with, or returning from medical treatment or diagnosis, or for other compelling humanitarian needs and flights of compassion as are determined suitable for SkyHope. I understand that SkyHope and the Pilots, Co-Pilots, operators, aircraft managers, owners, and/or lessors of the Aircraft and other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses for the proposed flight and that they are not being reimbursed for their costs, expenses, orservices. As such, I understand that SkyHope, the Pilots, Co-Pilots, operators, aircraft managers, owners, lessors, and the other persons and entities being released by me on behalf of the Minor Passenger are expressly relying on my execution of this release as a material pre-condition for their agreement to provide the volunteer transportation services to the Minor Passenger. I also acknowledge that the Minor Passenger is flying on the Aircraft and/or riding in the vehicles arranged for by SkyHope voluntarily and with my full consent.

In consideration of the furnishing of services, time, skills, flight, transportation, aircraft, vehicles, and other related costs and expenses being arranged and provided, on behalf of the Minor Passenger, I hereby agree to forever release, discharge, defend, and hold harmless the Pilot, Co-Pilot, operators, aircraft managers, aircraft and vehicles owner(s) and/or lessors of the Aircraft (as applicable), SkyHope, each of their respective divisions, parents, subsidiaries, wings, member organizations, affiliates, chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, and successors in interest, and any and all entities who referred me to SkyHope (the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that the Minor Passenger may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed transportation, thecancellation or delay of the transportation, and/or the failure to provide return transportation.

This release of claims specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the released persons or entities. In addition to economic damages, costs, and expenses, this release also specifically covers any and all damages for personal injuries, deaths, and conditions of health, whether or not immediately apparent following the flight, or which may at any time thereafter develop.

As evidenced by my execution of this release on behalf of the Minor Passenger, I regard the services, time, skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished to the Minor Passenger by the Released Parties as significant, material, and valuable consideration in exchange for this release, and I value this consideration as a significant, material factor in the present and continuing wellbeing and physical prosperity of the Minor Passenger and myself. I have completely read and fully understand this document. I have spoken with a mission coordinator and/or other persons associated with SkyHope regarding any and all questions concerning the proposed flight.To the extent that there is any portion of this document that I did not fully comprehend, I understand that I had and continue to have the right to obtain legal advice from an attorney of my choice.

This agreement shall be binding upon the Minor Passenger, his or her parents and/or legal guardians and all heirs at law, assigns, and successors in interest of all parties hereto. By my execution of this release, I hereby manifest and make known my and the Minor Passenger's present wishes and intent that no representative of the Minor Passenger's estate take any action to pursue any claims based in tort, contract, or brought under any applicable wrongful death statute in the unlikely event that the Minor Passenger dies or suffers personal injury during his or her transportation by SkyHope. Similarly, I wish to manifest and make known my and the Minor Passenger's present wishes and intent that none of the Minor Passenger's relatives, heirs and assigns pursue any claim for loss of consortium or loss of support against SkyHope in the unlikely event that the Minor Passenger dies or suffers personal injury during his or her transportation by SkyHope. In stating my and the Minor Passenger's wishes and intent in this regard, I reiterate that the Minor Passenger is receiving the transportation services provided by SkyHope on a purely charitable basis and, therefore, we do not wish to see SkyHope exposed to any legal liability to the Minor Passenger, his or her heirs and/or relatives as a result of their providing the Minor Passenger with air transportation at no cost.

This agreement may be enforced by any party hereto and/or by any person or organization released in this agreement. I agree on behalf of the Minor Passenger that this agreement shall be governed and interpreted by the laws of the State of New York.

Signature of Parent/Legal Guardian Date

Please initial below if you agree to allow SkyHope to use your name(s) and photographs in any reports of the proposed flight that might appear in newspapers, radio, television or other SkyHope public relations activity. I agree to the use of my name to publicize SkyHope activities.

_____ Passenger(s) Initials If you do not agree to public use of your name(s) it will not be used.

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