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Pursuant to the Texas Tech University Health Sciences Center (TTUHSC) OP 79.03, I have elected to pilot non-TTUHSC system aircraft for use on official TTUHSC business. I have read and understand the TTUHSC Operating Policy 79.03, which addresses the use of aircraft for official TTUHSC business, and I hereby specifically agree to comply with the provisions of these policies.

I specifically understand and agree that my choice to use non-TTUHSC system aircraft for official TTUHSC business involves certain known risks including, but not limited to, loss or destruction of my property, transportation accidents, personal injuries, and death. I understand and agree that TEXAS TECH 8 1 , 9 (5 6 , 7 < + (\$ / 7 + 6 & , (1 & (6 & (1 7 (5 cannot be expected to control any of said risks.

I further understand that the cost of any medical treatment that may be required as a result of any such transportation accident, personal injury, or death will be my sole financial responsibility.

I hereby expressly and knowingly RELEASE TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND

Signature

Date

Title