



Louisville Aviation



Aircraft Rental Agreement

PILOT RENTAL DATA:

DATE: / /

NAME:

ADDRESS:

CITY / ST / ZIP:

HOME PH: MOBILE PH:

WORK PH: EMAIL:

PILOT CERT #: RATINGS:

DATE OF LAST BFR: DATE/CLASS OF LAST MEDICAL:

DATE OF LAST INSTRUMENT PROF. CHECK:

RATINGS: Student Private Commercial Instructor ATP Instrument

AIRCRAFT RATINGS: SEL MEL SES MES

	Hours		Hours
Total Time	<input type="text"/>	Total 182RG Time	<input type="text"/>
Single-Engine Time	<input type="text"/>	Total Flt Last 90 Days	<input type="text"/>
Retractable Gear Time	<input type="text"/>	Last Flt Last 12 Months	<input type="text"/>
Multi-Engine Time	<input type="text"/>	Instrument Time	<input type="text"/>
Total 172 Time	<input type="text"/>	Total Helicopter Time	<input type="text"/>
Cirrus SR-22 Time	<input type="text"/>	Total Bell 47 Time	<input type="text"/>

Has your pilot's license or driver's license ever been suspended/revoked? No Yes N/A

If Yes, please describe:

Have you been convicted of or pleaded guilty to A) a charge of driving under the influence of alcohol or drugs, or B) a felony? No Yes N/A

If Yes, please describe:

www.LouisvilleAviation.com

9223 Springbrooke Circle • Louisville, KY 40241
(502) 905-8747 • FAX 1-888-567-0880



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Are you flying under a waiver of any kind? No Yes N/A

If Yes, please describe: _____

Have you ever been penalized for a Violation of an F.A.R.? No Yes N/A

If Yes, please describe: _____

Have you ever had an Accident, Incident or Violation? No Yes N/A

If Yes, please describe: _____

I warrant the truth of the above statements and further warrant that no material information has been withheld or suppressed.

RENTAL CONDITIONS:

- 1.) To conform to all current regulations.
- 2.) To inspect the aircraft prior to departure and insure proper working condition of A/C.
- 3.) To obtain weather conditions and forecasts prior to departure.
- 4.) To return the aircraft on time, weather permitting. Please call the renter after you (if applicable) to let him/her know you will be late.
- 5.) Advance notice is required for non-weather related cancellations. Renter's not complying with this will be charged a minimum of ½ hour aircraft rental rate.
- 6.) To pay for all time accumulated on the Hobbs meter while renting the aircraft.
- 7.) To pay in full at the completion of the rental unless block time is pre-purchased.
- 8.) To be responsible for the aircraft while in the renter's care. The renter is not covered under the hull or liability protection of Louisville Aviation's insurance coverage and a non-owned (renter's) policy is **strongly recommended**. Contact us for details.
- 9.) The renter will be responsible for all lost revenue of the aircraft while the aircraft is down for repairs of damage to the aircraft which occurred as a result of renter's operation. This will be based on historical data with a minimum to cover our fixed monthly costs.
- 10.) The renter agrees to avoid flying conditions that exceed his/her abilities.
- 11.) Fees charged at other airports (landing, parking, customs, etc) are the responsibility of the renter.
- 12.) Returned checks will be charged \$35.00.
- 13.) Maintenance of the aircraft away from Bowman Field must be approved by Louisville Aviation before the work is started.
- 14.) You must be checked out in the aircraft before renting and all applicable forms must be on file prior to aircraft rental.
- 15.) The aircraft will not be used for any commercial operations.

DATE: _____

SIGNATURE: _____

(Pilot's Personal Signature Required)

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VOLUNTEER AIRCRAFT RENTAL & INSTRUCTION ASSUMPTION OF RISK AGREEMENT

IMPORTANT – READ BEFORE YOU SIGN YOU ARE GIVING UP IMPORTANT LEGAL RIGHTS

VOLUNTEER PILOT:

PRINT NAME: _____ DATE: _____

I, _____ (renter/pilot), hereby acknowledge that I have voluntarily participated in aircraft rental and/or flight training with Louisville Aviation, LLC and its partners and affiliates.

I AM AWARE THAT FLYING ARE HAZARDOUS ACTIVITIES AND AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH.
(INITIALS): _____

1.) REPRESENTATIONS, WARRANTIES AND ASSUMPTION OF RISK.
I understand that I will be flying in an aircraft. I understand that flying will expose me to risk of personal injury and/or death. I understand that the success of my flight depends upon the appropriate functioning of the airplane and appropriate skill and judgment of the pilot and that mechanical malfunction or pilot error may occur despite the best efforts of mechanics and the pilot. I freely and voluntarily choose to assume all the risks inherent in flying, including but not limited to the risks of equipment malfunction or failure to function which may result from some defect in design or manufacture or from improper or negligent operation, maintenance or use of the equipment.
(INITIALS): _____

2.) EXEMPTION FROM LIABILITY. I, my heirs, distributes, executors, administrators, guardians, legal representatives and assignors, exempt and release Louisville Aviation and its members, officers, directors, agents, representatives, employees, mechanics and shareholders from any and all liability, claims, demands or actions or cause of action whatsoever arising out of damages, loss or injury to me or my property while participating in flying, aircraft rental, flight instruction or flight training in the air and on the ground, whether such loss, damage or injury results from the negligence of any person or business or from any other cause.
(INITIALS): _____

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3.) COVENANT NOT TO SUE. I, my heirs, distributees, executors, administrators, guardians, legal representatives and assignors agree never to institute any suit or action at law or otherwise against Louisville Aviation and its members, their officers, directors, agents, representatives, employees, mechanics and shareholders nor to initiate or assist the prosecution of any claim for damages or cause of action which I, my heirs, distributees, executors or administrators hereafter may have by reason of injury to my person or to my property arising from the activities contemplated by this Agreement.

(INITIALS): _____

4.) INDEMNITY AGAINST CLAIMS. I hereby agree that, my heirs, distributees, executors, administrators, guardians, legal representatives and assignors will indemnify, save and hold harmless Louisville Aviation and its members, officers, directors, agents, representatives, employees, mechanics or shareholders from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated by any person or organizations arising directly or indirectly from flying, flight training, or aircraft rental.

(INITIALS): _____

5.) CONTINUATION OF OBLIGATIONS. I agree and acknowledge that the terms and conditions or the foregoing EXEMPTION FROM LIABILITY, COVENANT NOT TO SUE, and INDEMNITY AGAINST CLAIMS shall continue in full force and effect now and in the future at all times during which I participate either directly or indirectly in flying, flight training, or aircraft rental and shall be binding upon my heirs, distributees, executors, administrators, guardians, legal representatives and assignors of my estate.

(INITIALS): _____

I HAVE FULLY READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO THIS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND LOUISVILLE AVIATION AND ITS MEMBERS, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES, MECHANICS AND SHAREHOLDERS AND/OR ITS AFFILIATED ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL THIS DAY

_____ OF _____.

Louisville Aviation, LLC member or instructor
WITNESS:

VOLUNTEER PILOT/RENTER

By: _____
Title: _____

SIGNED: _____
Print Name: _____
FAA Lic #: _____
Driv Lic #: _____

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