FFI Wingman Evaluation Form

Name			Date	e
NameAddress/City/State/ZIP				
Phone Cell_ EAA # Pilot Lic Type Total Time Type Time		Emai		
EAA #Pilot Lic Type	e and #	<u> </u>		_ Medical
Total Time Type Time	<u></u>	Formation	Time	4-ships
Recommendation: I have observe qualified, and recommend him/he FFI Flight Lead/Check Pilot Name Signature	er for ar e	n FFI Wingma	ın check fligh	ht.
RELEASE/ HOLD HARMLESS ON REVERSE MUST BE SIGNED BEFORE FLIGHT.				
Evaluation: Signals Knowledge Ground Operations Radio Ops Run-up Takeoff Climbout Cross Unders, Pitchouts Lazy 8 Maneuvering Pattern, Landing Taxi, Debriefing		Cond Qual		Overall Qual Unqual
Comments: (Continue on rear as	neces	sary)		
Recommendation for Training:				
FFI Check Pilot Printed Name Signature				Number Date

Release/ Hold Harmless:

The undersigned Holder/Applicant of/for a Formation Flying, Incorporated (FFI) Wingman Formation Card hereby acknowledges and attests to that he/she is an active member of EAA. I hereby agree to be familiar with and abide by the guidelines of FFI. I further acknowledge and understand that the guidelines of FFI have been established to provide the Holder/Applicant of/for the Card with the minimum information necessary to understand the procedures and signals of formation flying. I further acknowledge and understand that it is my sole responsibility to keep fully informed, current, and aware of all information available from whatever source concerning formation flight. The undersigned recognizes and agrees that no representation or warranties have been made to him/her which are inconsistent with any of the procedures, signals, and policies, as set forth within the Formation Flight Manual (all editions) published by the T-34 Association, Inc., or the Darton International, Inc., video, "Formation Flying-The Art". Further, I hereby acknowledge and recognize that this Formation Card Evaluation does not waive my obligation to abide by all local, state, and Federal rules and regulations. I further recognize that formation flight training and formation flying is inherently dangerous wherein there is a possibility of injury or death, and in consideration of my acceptance of this Formation Card issued by FFI, I, for myself, my heirs, executor, administrators, and assigns do hereby release and forever discharge FFI, its members, officers, directors, employees, suppliers, agents, or representatives of and from any and all claims, demands, losses, or injuries incurred or sustained by me as a result of instruction, training, attending, participating in, practicing for, and traveling to and from activities involving formation flights. Further, I agree to accept any and all financial obligations incurred as a result of medical assistance, hospitalization, and related expenses which may arise out of participation, attendance, practicing for, traveling to and from, or because of engaging in formation flights organized by any named entity or individual named herein.

Printed Name	Date
Signature	

Additional Comments (continued from front side)