

# Medical Emergency Flight Waiver

Date: [Insert Date]

To Whom It May Concern,

I, [Insert Name], hereby acknowledge and accept full responsibility for my decision to participate in the medical emergency flight arranged for my transport. I understand that this flight is necessary due to a medical emergency and involves risks inherent to air travel.

Furthermore, I waive any right to hold [Insert Flight Service Provider] liable for any injuries or damages that may arise during this flight, as well as any potential complications related to my medical condition. I confirm that I have adequate insurance coverage for any medical expenses that may occur during transit.

Please accept this letter as my formal waiver and acknowledgment of the risks involved.

Sincerely,

[Insert Signature]

[Insert Printed Name]

[Insert Contact Information]