



FORM NO.: _____

SPECIAL-HANDLING FORM

SHF

(REQUEST FOR CARRIAGE-HANDLING ADVISE)

NAME OF PASSENGER, ADDRESS, AND MOBILE NUMBER:

CONTACT PERSON IN CASE OF EMERGENCY, ADDRESS, AND MOBILE NUMBER:

- Expectant Mother (EXMO)
 Medical Case (MEDA)

- Special-Handling Request
 Other

CATEGORY:

EXPECTANT MOTHERS:

Is a medical certificate provided? Yes No

Date of Issuance (must be valid for 7 days)

Age of gestation Weeks Days

MEDICAL CASE:

Is a medical certificate provided? Yes No

Nature of Medical Condition:

SPECIAL-HANDLING REQUEST:

Wheelchair

Oxygen

WAIVER

I, _____ (passenger/guardian), confirm that all the information I provided in this form is true and correct to the best of my knowledge. I take full responsibility for any omission, error, or misrepresentations I made, and for any liability or damage that I may suffer as a result of such omission, error, or misrepresentation. I undertake to indemnify Alphaland Aviation Inc. for any damage, loss, or liability it may suffer due to such omission, error, or misrepresentations.

Notwithstanding my existing condition (including age or other conditions that I may have failed to declare) and the risk involved in travel by air, I decided to fly and board Alphaland Aviation Inc.'s aircraft of my own free will and volition. As such, I hold Alphaland Aviation, Inc., including its officers, employees, and agents, free and harmless from any claim or liability in law and equity. I waive all remedies therefore for any damage, injury, aggravation, or deterioration, to my body or to my health (or to the unborn child, when applicable).

Should I need special handling necessitating the use of special tools and equipment (wheelchair, breathing apparatus, stretcher, among others) belonging to or under the control of Alphaland Aviation Inc. or the aid of Alphaland Aviation Inc.'s employees or agents for my mobility or convenience, I hold Alphaland Aviation Inc. free and harmless from any claim or liability in law or equity and I waive all remedies for any damage, injury, aggravation, or deterioration to my body or to my health (or to the unborn child, when applicable) that I may suffer as a result of my use of Alphaland Aviation Inc.'s special tools and equipment or as a result of the assistance or handling extended by Alphaland Aviation Inc.'s employees or agents. I also agree to indemnify Alphaland Aviation Inc. for any damage I may cause to Alphaland Aviation Inc.

I hereby declare and warrant that I have understood the foregoing and that I voluntarily agree to be bound thereby even when fees and charges have been paid for the special handling I have requested.

SIGNATURE

DATE