



POSCON

DATE: ____ / ____ / ____

I, _____, am the (Parent/ Legal Guardian) of _____ (the "**Member**"), who is ____ years of age and intends to utilize the network services provided by POSCON Inc., a Delaware Non-Profit Organization ("**Positive Control Network**"), for the purposes of online flight simulation. I understand that the Positive Control Network does not actively recruit or otherwise target any individual who is below the age of 13. Furthermore, I understand that the consent of a parent or legal guardian is required in order for any individual, between the ages of 13 and 16, to engage in the use of the Positive Control Network.

As the Parent/ Legal Guardian of Member, I consent to the Positive Control Network's storage and utilization of the following data for purposes of online flight simulation: (1) Member's first and last name, (2) Member's email address, (3) Member's date of birth, (4) Member's age, (5) Member's geographic location, (6) Member's real-world flight experience, and (7) Member's consent to be bound by the Terms and Conditions of the Positive Control Network, which can be found here: <https://forums.poscon.net/terms/>. I also consent to Member's use and utilization of the Positive Control Network for purposes of online flight simulation.

I acknowledge that the Positive Control Network will not use, disclose, or otherwise transmit Member's data without receiving an executed consent form. I understand that the Positive Control Network will permanently erase all data belonging to Member, and terminate Member's affiliation with the Positive Control Network, should there be a delay in the return of an executed consent form.

I also acknowledge, through the act of utilizing the Positive Control Network, that Member may provide additional information other than that previously listed in this consent form. I consent to this disclosure by Member.

I acknowledge that the Positive Control Network utilizes and records voice over IP communication to simulate air traffic control operations. I understand that Member may provide additional information, such as age, location, flight experience, other general aviation knowledge, and/or additional personal information through the use of these systems. I consent to this disclosure by Member.

I understand that I may periodically seek to obtain any records of any additional information provided by Member to the Positive Control Network through Member's use of its services through a written request mailed to the following address: 2803 Philadelphia Pike, Ste 101, Claymont, DE, 19703. I also understand that I may review the Positive Control Network's Privacy Policy, which is updated periodically and can be found here: <https://forums.poscon.net/privacy/>.

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINT NAME OF PARENT OR GUARDIAN: _____