Date received:	Accepted by:



## High Flights Soaring Club, Inc. Membership Application



Name		Birthdate	
Spouse Soaring Socie		iety Mbr #	
Address		Zip	
Telephones: Home _	Office		
(Optional) Cellular _	Fax		
Internet mail address(es)			
	Pilot Qualifications _		
Medical: Class	Date	BFR Date	
Total Time	Hours logged in last 90 days		
Pilot in Command time	Number of Glider Flights _	Glider Hours	
Accidents/Suspensions?  If yes, please	Insurance ever cance	lled or refused?	
Spouse or Emergency Contac	et Contac	et's Phone	
a glider safely. Applicant	rtify that I have no known medical defe	•	
	Do not write below line		
Initiation Fee SSA Dues	s Monthly Dues Duty Ro	ster HFSC Badge	
Indemnity Agreement Signed	Parental Consent Completed	PIF Read	
Treasurer SS	SA Secretary	Chief Instructor	

## **HIGH FLIGHTS SOARING CLUB, INC.**

## Covenant Not To Sue And Indemnity Agreement

Date: \_\_\_\_\_

	Location:		
I, (print name), am about to voluntarily participate in various activities of the High Flights Soaring Club as a pilot, student pilot, co-pilot, instructor, or passenger. In consideration of the Soaring Club permitting me to participate in these activities, I, for my heirs, administrators, executors, and assignees, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the High Flights Soaring Club and/or its officers, agents, or employees, acting officially or otherwise, for any loss, damage, or injury to my person or my property which may occur from any cause whatsoever as a result of participation in the Soaring Club.			
If I should demand, claim, sue or aid in any Soaring Club for all damages, expenses, an	way in such a demand, claim, or suit, I agree to indemnify the High Flights and costs it may incur as a result thereof.		
	g the risk of any personal injury or property damage to me that may result es, including such injuries or damage that may be caused by the negligence		
I also understand and agree that I may be is caused by my gross negligence, willful m	held liable for any damage or loss to the High Flights Soaring Club which isconduct or fraud.		
 Date	Passenger's Signature		
	Signature: of Soaring Club Officer		
	he minor is capable of signing, have him sign. If he is not capable, have "John Jones, by Harry Jones, his father" and sign below.		
For minor	, Age:		
adopt as our own the conditions of the ab for any damage incurred by it from which	, parents of the above said her participating in the High Flights Soaring Club activities, (2) agree and ove agreement, and (3) agree to reimburse the High Flights Soaring Club my child would be liable were he over 21 years of age.		