

Date Received \_\_\_\_\_ Date Accepted \_\_\_\_\_



## High Flights Soaring Club Membership Application



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse \_\_\_\_\_ Soaring Society Mbr Number \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents' Email if Youth membership \_\_\_\_\_

Airman Certificate Number \_\_\_\_\_ Pilot Qualifications \_\_\_\_\_

Medical: Class \_\_\_\_\_ Date \_\_\_\_\_ Flight Review \_\_\_\_\_

Weight\* \_\_\_\_\_ (lbs) \*Our gliders are weight limited with a pilot and instructor

Total Time (approx) \_\_\_\_\_ Hours in last 90 days \_\_\_\_\_

Pilot in Command (approx) \_\_\_\_\_ Glider Hours \_\_\_\_\_ Number of Glider Flights \_\_\_\_\_

Accidents/Suspensions? \_\_\_\_\_ Insurance ever cancelled or refused? \_\_\_\_\_  
*If yes, please explain on back* *If yes, please explain on back*

I certify that I have no known medical defect that makes me unable to pilot a glider safely

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Do not write below line**

BOD Approval \_\_\_\_\_ Welcome Letter \_\_\_\_\_ SSA Member \_\_\_\_\_ SSA HFSC Roster \_\_\_\_\_

Member Contact List \_\_\_\_\_ Duty Scheduler \_\_\_\_\_ "Active" Email List \_\_\_\_\_ Other \_\_\_\_\_



## **High Flights Soaring Club**

### **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 way in such a demand, claim, or suit, I agree to indemnify the High Flights Soaring Club for all damages, expenses, and costs it may incur as a result thereof.

I understand and agree that I am assuming the risk of any personal injury or property damage to me that may result while participating in Soaring Club activities, including such injuries or damage that may be caused by the negligence of the High Flights Soaring Club.

I also understand and agree that I may be held liable for any damage or loss to the High Flights Soaring Club which is caused by my gross negligence, willful misconduct or fraud.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Passenger's Signature

\_\_\_\_\_  
Signature: Soaring Club Officer

If a minor, so indicate and state age. If the minor is capable of signing, have him sign. If he is not capable, have parents sign for him, i.e., "John Jones, by Harry Jones, his father" and sign below.

For minor \_\_\_\_\_, Age: \_\_\_\_\_

I/We \_\_\_\_\_, parents of the above said minor child do hereby (1) consent to him/her participating in the High Flights Soaring Club activities, (2) agree and adopt as our own the conditions of the above agreement, and (3) agree to reimburse the High Flights Soaring Club for any damage incurred by it from which my child would be liable were he over 21 years of age.

Date: \_\_\_\_\_ Parents' Signature: \_\_\_\_\_