

Date received: _____ Accepted by: _____



**High Flights Soaring Club, Inc.
Membership Application**



Name _____ Birthdate _____

Spouse _____ SSA Number _____

Address _____ Zip _____

Telephones: Home _____ Office _____

(Optional) Cellular _____ Fax _____

Internet mail address(es) _____

Airman Certificate Number _____ Pilot Qualifications _____

Medical: Class _____ Date _____ BFR Date _____

Total Time _____ Hours logged in last 90 days _____

Pilot in Command time _____ Number of Glider Flights _____

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

Spouse or Emergency Contact _____ Contact's Phone _____

In addition to the above, I certify that I have no known medical defect that makes me unable to pilot a glider safely.

Applicant
Signature _____ Date _____

Do not write below line

Initiation Fee _____ SSA Dues _____ Monthly Dues _____ Duty Roster _____ HFSC Badge _____

Indemnity Agreement Signed _____ Parental Consent Completed _____ PIF Read _____

Treasurer _____ SSA _____ 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 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: of 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: _____