



The Mid-Atlantic Soaring Association, Inc.

http://www.midatlanticsoaring.org/

Version 03-01-2013



I hereby make application for membership in the Mid-Atlantic Soaring Association, Inc. as a:

- Provisional Member Family Member

Name: Nickname: Country of citizenship: Date of Birth: Home Address: Home Phone: Zip: Spouse: E-mail address: Occupation: Business Phone: Pilot ratings: Cell Phone: Glider hours: Flights: Types flown: FAI Soaring Badge(s): Power Hours: Tailwheel hours: Types flown: Medical certificate: Class: Date of expiration:

Are you an SSA member: Member number: Expiration date:

Have you been involved in a reportable aircraft incident/accident or been violated by the FAA within the past 5 years or 100 flight hours? No Yes (If yes, please provide details on back.)

How did you hear about M-ASA?

Please email a short biography of 200 words or less, to include your aviation interests, with a digital photo of yourself suitable for use in the M-ASA newsletter Convectio to membership@midatlanticsoaring.org .

Please note that if you want to fly under M-ASA's TFR Waiver, you must supply your SSN, DOB and other data to the US Government Secret Service for a background check. Glenn Collins will direct you on how to submit this data.

I will read and abide by the rules, By-Laws and operating procedures of the Mid-Atlantic Soaring Association, Inc, as well as all Federal and State regulations governing flying. I understand that membership does not result in vesting in me of ownership of M-ASA property or assets of any kind, but only entitles me to privileges according to my membership grade. I understand that the M-ASA board of directors may suspend my membership for non-payment of club bills past due by 30 days. The waiver and indemnity agreement attached to this application and signed by me shall be incorporated herein by reference and shall be a permanent part of this application for membership.

Applicant's signature: Date:

Two recommending Board members (1) Date:

or M-ASA Instructors: (2) Date:

Required if applicant is under 18 years of age:

I am the parent or legal guardian of the above applicant and I approve his/her joining the Mid-Atlantic Soaring Association, Inc., and will assume all debts to the Mid-Atlantic Soaring Association, Inc. incurred by the applicant, and will be bound by and perform all covenants contained herein in place of the applicant until the applicant reaches 18 years of age. In the event of any injury or illness of my minor child, I hereby consent to the treatment thereof and agree that they may be afforded hospital and medical attention, and I agree to pay for the expense thereof.

Signature of parent or legal guardian: Date:

Election to full membership: Date:

- Approved Denied Deferred until

Board member's approval

- (1) (2) (3) (4) (5)

WAIVER AND INDEMNITY

NOTE: THIS WAIVER AND INDEMNITY AGREEMENT HAS THE EFFECT OF REDUCING OR GIVING UP SOME OF YOUR LEGAL RIGHTS

ACKNOWLEDGMENT OF RISK

I, the undersigned (or parent undersigned) hereby confirm that I understand participation in gliding and soaring activities, both in the air and on the ground, is or may be hazardous and may result in accident, injury or death, and I hereby voluntarily accept such hazard and result both on my own behalf and on behalf of every person whom I may bring on the property of Mid-Atlantic Soaring Association ("M-ASA") or carry or permit to be carried in an M-ASA aircraft.

DEFINITIONS

For the purposes of this Waiver and Indemnity, (i) "M-ASA and its Members" means M-ASA and its members individually and collectively, directors, officers, employees, agents, representatives, pilots (including tow pilots and flight instructors) and (ii) "M-ASA Flying Activities" means anything connected with my and/or my guests and/or invitees presence on the property of M-ASA, participation in the activities of M-ASA, flying in the aircraft of M-ASA, receiving flight instruction, purchasing aviation fuel from M-ASA and/or glider towing facilities from M-ASA and its Members, or operation of the aircraft or other equipment of M-ASA and its Members.

WAIVER OF CLAIMS

In consideration of my (or my minor child, as the case may be) being admitted as a member of M-ASA, and the benefits of such membership, which consideration I agree is sufficient to induce me to sign this waiver and indemnity, I do hereby, and on behalf of my estate and its respective executors and administrators, give up forever all claims of any nature which I or they may have both now or which may arise in the future against M-ASA and its members, arising out of or in any way, whether directly or indirectly, related to any injury that I (or my minor child) sustain, including death that is connected with M-ASA flying activities.

INDEMNITY

I hereby indemnify and hold harmless M-ASA and its Members from and in respect of all loss, cost, expense including attorney's fees, and to defend at my expense M-ASA and its members against all claims for personal injury (including death) and property damage arising in any way which I or my minor children may suffer or incur, whether directly or indirectly, from M-ASA Flying.

INVALIDITY OF PROVISION

In the event that one or more of the provisions contained or referenced herein is deemed unlawful, void, or for any reason unenforceable, then that provision will be deemed severed from this agreement and will not affect the validity and enforceability of the remaining provisions.

I confirm that I have read and understand the whole of this waiver and indemnity agreement. I agree that the laws of the State of Maryland and the United States of America shall govern the validity, construction, and performance of this agreement. I agree that the terms of this agreement shall be binding upon my estate, my assignees, my heirs, and me.

WITNESS MY HAND this _____ day of _____, 200__

Signature

Parent/Guardian Signature

Print Name

Print Name

Address

Witness

Witness

NOTE: MANY HEALTH PLANS AND INSURANCE POLICIES EXCLUDE COVERAGE IN RESPECT OF CLAIMS ARISING FROM FLYING IN NON-COMMERCIAL AIRCRAFT, INCLUDING GLIDERS: IF RELEVANT, YOU SHOULD CHECK YOUR PLAN OR POLICY.