



# Adrian Soaring Club

## Membership Application

Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you own a glider? \_\_\_\_\_ Type: \_\_\_\_\_

FAA Ratings Held: \_\_\_\_\_

What gliders have you flown? \_\_\_\_\_

Are you a glider tow pilot? \_\_\_\_\_ Type of tow plane used: \_\_\_\_\_

Total flight hours: \_\_\_\_\_ Glider Hours: \_\_\_\_\_

Pilot Certificate Number: \_\_\_\_\_ Medical Class: \_\_\_\_\_

Do you have any drug or alcohol convictions? \_\_\_\_\_

Have you been involved in any aviation accidents? \_\_\_\_\_ If so, attach a letter describing the accident.

Emergency contact information: \_\_\_\_\_

I hereby apply for membership in the ADRIAN SOARING CLUB, INC. and agree to support its activities and abide by its rules and regulations. To the best of my knowledge, I have no physical defects or limitations that would affect my flying. **You must also read and sign the back of this application.**

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

Signature of Parent or Guardian: \_\_\_\_\_

Include a check for your initiation fee payable to Adrian Soaring Club. You will be billed for dues at a later date, or if the application must be refused, this initiation fee will be returned.

Directors approving membership: \_\_\_\_\_

ADRIAN SOARING CLUB, INC.

## Liability Agreement

I, the undersigned, a member of the Adrian Soaring Club, Inc., realize fully that the sport of soaring involves inherent risks. By signing this document I agree to personally assume all risks associated with the activity. I agree to release and hold harmless the Adrian Soaring Club, its officers, and each of its members from and against all claims, including claims of negligence, damages, losses and expenses arising out of the utilization of any and all soaring equipment owned or leased by the club, its officers, and its members, for any injury, illness, death or property damage resulting from the flight or other use of aircraft and equipment utilized by the club, but only to the extent that the claims are not covered by insurance held by the Adrian Soaring Club, Inc.

The undersigned specifically notes and accepts that the insurance coverage held by the Adrian Soaring Club, Inc. is adequate to protect passengers and pilots.

It is the specific intention of the undersigned member to bind his/her heirs, assigns, agents, and beneficiaries by the execution of this document.

In consideration of the execution of this document by me, this document is executed

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian