## LAS VEGAS VALLEY SOARING ASSOCIATION, INC. Participant Information

NAME		Birth Date (mm/dd/yy)	
Mailing Address Mailing Address Code		CitySta	ate Zip
E-mail Address :			
Home Phone:		Business Phone:	
Pilot Certificate r	number (if any):	Issue date:	
$\square$ Member $\square$	Guest SS	A membership #	
I the undersione	ed certify that La	Pilot's Medical Stateme	

I, the undersigned, certify that I am familiar with the following regulation, and I certify that I neither know nor have reason to know of any medical condition that would make me unable to operate an aircraft in a safe manner. I further agree that I will not fly at any time in the future that I know or have reason to know of such a medical condition.

Section 61.53: Prohibition on operations durin!! medical deficiency.

1. (a) <u>Operations that require a medical certificate</u>. Except as provided for in paragraph (b) of this section, a person who holds a current medical certificate issued under part 67 of this chapter shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person: (1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or (2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation. (b) <u>Operations that do not require a medical certificate</u>. For operations provided for in §61.23(b) ofthis part, a person shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person knows or has reason to know of any medical condition that would make the person unable to operate the aircraft in a safe manner.

Signature	Date Today
Witness	Date

## LAS VEGAS VALLEY SOARING ASSOCIATION, INC. <u>LIABILITY RELEASE.</u> <u>INDEMNITY AGREEMENT.</u> EXPRESS ASSUMPTION OF RISK-AND WAIVER OF RIGHTS

INDEMNITY AGREEMENT.				
EXPRESS ASSUMPTION OF RISK~AND WAIVER OF RIGHTS				
Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.				
I, (please print full name)				
(Initial) In consideration of being allowed to participate in soaring activities with Las Vegas Valley Soaring Association, Inc., I hereby personally assume all risks for any harm, injury, damage, or death that may befall me during my participation in these activities, including all risks connected therewith, whether				
1				
foreseen foreseeable unforeseen or unforeseeable and including personal injury and property damage				

foreseen, foreseeable, unforeseen, or unforeseeable, and including personal injury and property damage. (Initial) \_\_\_\_\_\_ I agree to save, defend, indemnify, release and hold harmless Las Vegas Valley Soaring Association, Inc., and any other Released Parties from any causes of action, claims, demands, damages, expenses, administrative action, or any other type of claim, which hereinafter at any time may be instituted or recovered against Las Vegas Valley Soaring Association by me, anyone purporting to act on my behalf, my heirs, estate, or assigns, arising directly or indirectly out of my participation in soaring activities, even if such claims may be groundless, frivolous, false or fraudulent.

(Initial) \_\_\_\_\_ I agree to save, defend, indemnify, release and hold harmless Las Vegas Valley Soaring

(Initial) I agree to save, defend, indemnify, release and hold harmless Las Vegas Valley Soaring Association, Inc., and any other Released Parties from any causes of action, claims, demands, damages, expenses, administrative action, or any other type of claim, which hereinafter at any time may be instituted or recovered against Las Vegas Valley Soaring Association, Inc., by any invitee or guest of mine, including pilots, passengers, spectators, or others, arising directly or indirectly out of soaring activities, even if such claims may be groundless, frivolous, false or fraudulent.

(Initial) I also understand that soaring activities are physically strenuous and that I will be exerting myself during these activities, and that if I am injured as a result of heart attack, panic, hyperventilation, anoxia, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless

responsibility for my physical fitness and well being to participate in	soaring-related activities.
(Initial) I understand that I may be required to furnish my own	•
its operating condition and maintenance.	
(Initial) I certify that I am already a qualified and certified glide requirements for continued certification. I certify that I am familiar will be continued to the certification of the certification of the certification.	•
Aviation Regulations governing soaring activities.	• •
(Initial) I agree to comply with all the rules of and policies of the any insurance claim that may be submitted because of damage i has	
further agree to indemnify the club and hold the club harmless for d	
or property.	,
(Initial) I understand that the terms herein are contractual and	
signed this document of my own free will. I understand and agree the	•
provisions of this agreement, for any reason, is held by a court of counenforceable shall not affect any other provision hereof, and this a	
invalid, illegal or unenforceable provision or provisions had never be	•
IT IS THE INTENTION OF (print)	BY THIS INSTRUMENT TO EXEMPT
AND RELEASE LAS VEGAS VALLEY SOARING ASSOCIATION, I THE MEMBERS OF LAS VEGAS VALLEY SOARING ASSOCIATION	NC., MY FLIGHT INSTRUCTOR (IF ANY),
AND RELEASED PARTIES OR AS DEFINED ABOVE, FROM ALL	LIABILITY OR RESPONSIBILITY
WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, IN	
NEGLIGENCE OR RECKLESSNESS OF THE RELEASED PARTIE	ES, WHETHER PASSIVE OR ACTIVE. I
HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT OF	
ESTATE, AND ASSIGNS.	, , , , , , , , , , , , , , , , , , , ,
(Initial) I certify I am of lawful age and legally competent to sign	gn this liability release, or that I have
acquired the written consent of my parent or guardian.	
Circulations of Theorem 17 County (Allithouse Places print to	
Signature of: ☐ Member ☐ Guest (Witness: Please print r	name_and legal signature and date)
NOTE: IF <b>MEMBER OR GUEST IS UNDER 18</b> YEARS OF AGE 1	
NOTE: IF <b>MEMBER OR GUEST IS UNDER 18</b> YEARS OF AGE TO GUARDIAN''S RELEASE MUST BE COMPLETED OTHERWI	
	SE, DISREGARD
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I, (print your name) of (print name of minor member/guest) member or guest of a member of LAS VEGAS VALLEY SOARING	am the parent/legal guardian who is a  ASSOCIATION, Inc. I desire that he or she AS VALLEY SOARING ASSOCIATION, Inc.
I, (print your name) of (print name of minor member/guest) member or guest of a member of LAS VEGAS VALLEY SOARING receive the benefit of full participation in the activities of LAS VEGAS	am the parent/legal guardianwho is a ASSOCIATION, Inc. I desire that he or she AS VALLEY SOARING ASSOCIATION, Inc. Id operations, social and other activities. I
I, (print your name) of (print name of minor member/guest) member or guest of a member of LAS VEGAS VALLEY SOARING receive the benefit of full participation in the activities of LAS VEGA which may include but not be limited to flight training, flying, ground	am the parent/legal guardianwho is a ASSOCIATION, Inc. I desire that he or she AS VALLEY SOARING ASSOCIATION, Inc. I operations, social and other activities. I and Indemnity Agreement. In consideration
I, (print your name) of (print name of minor member/guest) member or guest of a member of LAS VEGAS VALLEY SOARING receive the benefit of full participation in the activities of LAS VEGA which may include but not be limited to flight training, flying, ground have read, understand and agree to the above Member's Release of permission extended to the above named minor member by LAS	am the parent/legal guardian who is a ASSOCIATION, Inc. I desire that he or she AS VALLEY SOARING ASSOCIATION, Inc. I operations, social and other activities. I and Indemnity Agreement. In consideration S VEGAS VALLEY SOARING
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