

FINGER LAKES SOARING CLUB, INC.

Seasonal Guest MEMBERSHIP APPLICATION

I hereby apply for membership in the Finger Lakes Soaring Club (“the Club”) which I know to be a charitable organization. If accepted, I will abide by Club rules and all applicable FAA rules and regulations, which are designed to promote safety and the welfare of FLS and its members, and to maintain active membership in the Soaring Society of America. In consideration of my desire to fly, my membership in and anticipated flight(s) with the Club, I intend to be and know that I am hereby legally bound by this agreement that the tow pilot, winch operator, instructor and/or the Finger Lakes Soaring Club shall not be liable for my death, personal injury or any loss to my property caused in any manner, whether attributable to the negligence of the tow pilot, winch operator, line person, instructor and/or the Club for any reason occurring during the time of my membership.

1) I waive any right of action against the tow pilot, winch operator, line person, instructor and/or Finger Lakes Soaring Club for any and all causes.

2) On behalf of myself, my heirs, successors and assigns I further covenant not to sue or participate in any action against the tow pilot, instructor and/or the Club on any such cause or claim.

3) I am aware that there are risks associated with flying and with my proximity to propeller driven aircraft and Winches and I agree to assume all these risks.

4) I understand that in case of an accident I will be personally responsible for the deductible of club provided insurance.

I understand that the FLS is a cooperative organization whose members perform all towing, instructing, maintenance and operations management activities without compensation and agree to perform a fair share of this work, appropriate to my skills and training.

I have spoken to the following FLS Board Members as an effort to further understand the club operations and membership responsibilities:

FLS Board Member Signature Date

1) _____

2) _____

3) _____

4) _____

APPLICANT INFORMATION

NAME (Please Print): _____

BIRTHDATE: _____

ADDRESS: _____ CITY,
STATE: _____ ZIPCODE: _____

PHONE (HOME): _____ PHONE (WORK): _____

SPOUSE or PARTNER NAME: _____

INTERESTS and HOBBIES: _____

EMAIL: :

DATA FROM PILOT'S LICENSE OR FOR STUDENT PILOT'S CERTIFICATE

Height: _____ Weight: _____ Eyes: _____ Sex: _____

Citizenship: _____ Place of Birth: _____

Pilot's License No.: _____ Ratings & Limitations: _____

FLYING EXPERIENCE GLIDER: Student Dual Flights _____ solo Hrs _____

Instructor Hrs _____

POWER: Single Engine Multi-Engine Hours Pilot in PIC Hrs _____ Command Flights _____
Hours _____

FAA Medical Certificate Exam: Class _____ Date _____

FAI AWARDS HELD (ENTER DATE, NUMBER AND COUNTRY) Silver _____ Gold _____
Diamond _____ Other _____

Current SSA Number? _____ Expiration Date: _____