

Memphis Soaring Society

Membership Application

Membership Type: ___ Full ___ Youth ___ Student ___ Temporary ___ Visiting ___ Reciprocal
(See MSS web site for Descriptions)

Membership is subject to approval by the Executive Committee of the Board of the Club.

Date: _____ Application Accepted By: _____
(MSS Member)

**Required Information

PART I - Personal Information:

**First Name _____ **Last Name _____ MI _____

**Address _____

**City _____ **State _____ **Zip _____

**Home Phone (_____) _____ Cell Phone (_____) _____

**E-Mail Address _____

Married YES / NO Spouse Name _____
Circle

PART II - **FAA License and Ratings:

Current Rating(s) _____

Tail Wheel Hours _____ Glider Hours _____ Total Hours _____

FAA Certificate Number _____ Last Flt Review _____
Month / Year

SSA Member YES / NO SSA Membership Number _____
Circle

Past or Current Glider Club Memberships _____

PART III - Waiver and Indemnity:

NOTE: SIGNING THIS FORM HAS THE EFFECT OF REDUCING OR GIVING UP SOME OR ALL OF YOUR LEGAL RIGHTS. IF THE APPLICANT IS UNDER 18, PARENT/GUARDIAN MUST SIGN THE APPLICATION FORM.

I hereby make application for membership in Memphis Soaring Society ("MSS") and I agree, upon acceptance of such application and admission to membership, to abide by all applicable rules and regulations of MSS. I understand and accept that my being towed by a MSS tow plane and/or permitted to fly in an aircraft of MSS shall be deemed to be and treated as such acceptance and admission.

ACKNOWLEDGMENT OF RISK

I (Print Name) _____, THE UNDERSIGNED, CONFIRM THAT I UNDERSTAND THAT 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.

DEFINITIONS

For the purposes of this Application for Membership, including the waiver of claims and giving of indemnity herein, (i) "MSS and its Members" means MSS and its members, directors, officers, employees, agents, representatives, pilots (including tow pilots and flight instructors) and contractors, or any of them, (ii) "MSS Flying Activities" means anything connected with my presence on the property of MSS, participation in the activities of MSS, flying in the aircraft of MSS, receiving flight instruction and/or glider towing facilities from MSS and its Members, or operation of the aircraft or other equipment of MSS and its Members and (iii) "this Form" shall mean this Application for Membership.

WAIVER OF CLAIMS

In consideration of my being admitted as a member of MSS and the benefits of such membership, which consideration I agree is sufficient to induce me to sign this Form, I DO HEREBY, MYSELF, AND ON BEHALF OF MY EXECUTORS AND ADMINISTRATORS, GIVE UP FOREVER ALL CLAIMS OF ANY NATURE (other than arising from willful or grossly negligent acts or omissions of MSS and its Members) WHICH I MAY HAVE BOTH NOW OR WHICH MAY ARISE IN THE FUTURE AGAINST MSS AND ITS MEMBERS ARISING OUT OF OR IN ANY WAY, WHETHER DIRECTLY OR INDIRECTLY, CONNECTED WITH MSS FLYING ACTIVITIES.

GIVING OF INDEMNITY

I hereby indemnify and agree to hold harmless each of MSS and its Members from and in respect of all loss, cost, expense and claims for personal injury (including death) and property damage arising in any way, whether directly or indirectly, from MSS Flying Activities other than caused by willful or grossly negligent acts or omissions of MSS and its Members.

ACCEPTANCE OF RESPONSIBILITY, ETC.

I agree to be fully responsible for any MSS owned equipment in the care of my minor children or myself and to warrant its return to MSS in the same condition as at the time my minor child or I first became responsible for it. However, I understand that my responsibility for damage to such equipment will be limited to the amount of \$1000 per occurrence and that I will make such payment within 30 days of demand. I further agree to pay a reasonable attorney's fee and court cost if MSS is required to seek legal assistance in collecting said damage payment.

I agree to be fully responsible for all debts that my minor children or I may incur to MSS. I further agree to pay a reasonable attorney's fee and court cost if MSS is required to seek legal assistance in collecting said debt.

In the event of any injury or illness of my minor children, 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.

Notwithstanding the foregoing, I hereby declare that the foregoing indemnity and undertaking of responsibility so far as affecting my minor children, if any, shall cease to have effect upon the majority of each such child.

CONFIRMATION AND CONSENT

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE WHOLE OF THIS FORM INCLUDING THE DESCRIPTION OF THE MEMBERSHIP TYPE I AM APPLYING FOR AS OUTLINED ON THE MSS WEBSITE..

WITNESS MY HAND this _____ day of _____, 202 _____

Applicant's Signature

Print Name

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.

Parent/Guardian signature required for applicants less than 18 years of age:

I hereby confirm that I have read, consent to and approve the foregoing application by my son/daughter/ ward.

Parent/Guardian Signature

Print Name

Witness' Signature

Print Name

PART IV - Payment Method:

(Initial Appropriate Line):

____ Cash ____ Check (No. _____) ____ Bill Me (add to member account)**

____ Credit Card Type: _____ No.: _____ Exp: ____/____ CVV Code _____

Write Name, as it appears on credit card, and Billing address below only if different than PART I information.

****Note: "Bill Me" option is not available for Visiting and Reciprocal memberships.**