



**The SOARING SOCIETY OF DAYTON dba
CAESAR CREEK SOARING CLUB of OHIO, INC. (CCSC)**

**CAUTION: SIGNING THIS FORM REDUCES OR ELIMINATES SOME OR ALL OF YOUR
LEGAL RIGHTS
IF THE APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN.**

APPLICATION FOR LIMITED MEMBERSHIP

I hereby make application for limited membership in The Soaring Society of Dayton dba Caesar Creek Soaring Club of Ohio ("CCSC") and I agree, upon acceptance of this application and admission to membership, to abide by all applicable CCSC rules and regulations as documented in the Code of Regulations. I understand that limited membership may be granted to a person interested in becoming an active flying member of CCSC and that admission to limited membership will entitle me to membership in CCSC for a period from _____ to _____ starting at the time of acceptance of this application. I understand and accept that my being permitted to fly in an aircraft at CCSC shall be deemed to be and treated as acceptance of this application and admission to limited membership.

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.

For the purposes of this Application for Limited Membership, including the waiver of claims and giving of indemnity herein, (i) "CCSC" means The Soaring Society of Dayton dba Caesar Creek Soaring Club of Ohio, Inc. and its members, directors, officers, employees, agents, representatives, volunteers, pilots (including towpilots and flight instructors), contractors and premises, or any of them, and (ii) "CCSC Flying Activities" means anything connected with my presence on the property of CCSC, participation in the activities of CCSC, flying in any aircraft at CCSC, receiving flight instruction and/or glider towing services at CCSC, and operation of any aircraft or other equipment at CCSC.

I am ____ am not ____ a Soaring Society of America (SSA) Member SSA Number _____

WAIVER OF CLAIMS

In consideration of being accepted as a limited member of CCSC and being granted the benefits of such membership, which consideration I acknowledge is valuable and is sufficient to induce me to make this application for limited membership, **I, FOR MYSELF, AND ON BEHALF OF MY EXECUTORS, ADMINISTRATORS, HEIRS, PERSONAL REPRESENTATIVES, SUBROGEEES, INSURERS, SUCCESSORS AND ASSIGNS, WAIVE AND GIVE UP FOREVER ANY AND ALL CLAIMS OF ANY NATURE, TO INCLUDE BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURIES TO MYSELF OR MY OWN DEATH, OR PROPERTY DAMAGE, WHICH I MAY HAVE NOW**

OR IN THE FUTURE AGAINST CCSC, AS DEFINED ABOVE, (HEREAFTER KNOWN AS THE "RELEASED PARTIES") THAT ARISE FROM OR ARE CONNECTED IN ANY WAY, WHETHER DIRECTLY OR INDIRECTLY, WITH CCSC FLYING OR OTHER ACTIVITIES. THIS WAIVER INCLUDES ANY CLAIM AGAINST THE RELEASED PARTIES ARISING FROM THEIR OWN NEGLIGENCE OR THE NEGLIGENCE OF ANY OF THE OTHER RELEASED.

Note: Many health plans and insurance policies exclude coverage for claims arising from the operation of non-public transport aircraft, including gliders. If relevant, check your plan or policy.

PARENT/GUARDIAN CONFIRMATION AND CONSENT (for Applicants under age 18)

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

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE WHOLE OF THIS APPLICATION FOR LIMITED MEMBERSHIP. IN SIGNING BELOW, I ACKNOWLEDGE THAT I AM WAIVING ANY CLAIMS THAT I MIGHT HAVE BY VIRTUE OF THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES LISTED ABOVE, INCLUDING CLAIMS ON MY OWN BEHALF, IN MY CAPACITY AS A PARENT, LEGAL REPRESENTATIVE AND HEIR OF MY WARD, AND CLAIMS ON BEHALF OF MY WARD IN HIS OWN CAPACITY.

SIGNED this _____ day of _____, 20 _____.

Applicant's Signature

Parent/Guardian's Signature

Witness's Signature

Print Name

Print Name

Print Name

Address

Address

Address

Phone

Phone

Phone

Cell Phone

Cell Phone

Cell Phone

E-Mail

E-Mail

E-Mail