

**The Soaring Society of Dayton (SSD) dba Caesar Creek Soaring Club of Ohio (CCSC)
Membership Application**

General Information

Full Name _____ Date of Birth _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Male _____ Female _____ E-Mail _____
Spouse _____ Citizenship _____
Emergency Contact _____ Relationship _____
Address _____ City _____ State ____ Zip _____
Phone Number _____ Cell _____
E-Mail _____
Employer (School if Student) _____ Address _____
City _____ State ____ Zip _____ Phone Number _____
Have you ever been convicted of a felony? Yes ____ No ____ Year _____
Have you ever had a DUI? Yes ____ No ____ Year _____

Flying Information

Are you a SSA member? Yes __ No __ Membership No: _____ Exp. Date _____
Pilot License Number _____ Ratings & Limitations _____
FAA Medical Class _____ Date of Last FAA Medical _____
Most recent PIC Flight: Date _____ Make/Model of Aircraft _____
Glider Experience: Number of Tows _____ Auto _____ Aero _____ Winch _____
FAI Soaring Awards Held _____
Tow Pilot Experience: Number of Tows _____ Make/Model of Aircraft _____
Instructor Experience _____
Are you interested in becoming a Glider Instructor? Yes __ No __ Tow Pilot? Yes __ No __
Aircraft Owned: Make/Model _____
Have you ever had an aircraft accident? Yes ____ No ____
If "Yes", please provide details of the accident on a separate sheet.
How did you hear about CCSC _____

I agree to abide by all Soaring Society of Dayton dba Caesar Creek Soaring Club of Ohio (CCSC) rules and regulations as documented in the Code of Regulations and the Uniform Operating Procedures. I understand that membership in CCSC does not invest me with personal ownership of any club assets, but entitles me to use such equipment. I also understand and agree to the policies concerning stock purchase and the payment of interest on my stock subscription.

For the purposes of this Application, 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 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.

Office Use Only

Account Number Assigned _____ Type of Membership: Full / Youth / Family / Military
Amount Paid: Initiation \$ _____ Stock \$ _____
Data Base _____ Newsletter _____ Membership sent to SSA _____ Board Copy _____

WAIVER OF CLAIMS

In consideration of being accepted as a 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 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 also understand that I am financially responsible for all costs incurred by this youth member until he/she reaches the age of 21.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE WHOLE OF THIS APPLICATION FOR 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. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING CCSC OF ANY CHANGE OF CONTACT INFORMATION AND THAT I AM RESPONSIBLE FOR PAYING ALL FLIGHT CHARGES AND MEMBERSHIP DUES AND FEES UNTIL I MAKE A REQUEST IN WRITING TO CHANGE MY MEMBERSHIP STATUS TO INACTIVE OR TERMINATED

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

Please Note: All membership applications are subject to the review of the SSD Board of Directors.

Submit completed application form and initiation fee to: Caesar Creek Soaring Club, PO Box 920. Waynesville, OH 45068
SSD Board of Directors _____ Date _____