

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.
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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
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ACCIDENT, INJURY OR DEATH, AND I HEREBY VOLUNTARILY ACCEPT SUCH HAZARD
AND RESULT.
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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.
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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, SUBROGEES, 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.

<u>PARENT/GUARDIAN CONFIRMATION AND CONSENT</u> (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. I UNDERSTAND THAT I AM RESPONSIBLE FOR AND AM ASSUMING ALL FINANCIAL RESPONSIBILITY RESULTING FROM THIS LIMITED MEMBERSHIP.

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Parent/Guardian's Signature	Witness's Signature
Print Name	Print Name
Address	Address
Phone	Phone
Cell Phone	Cell Phone
E-Mail	E-Mail
	Parent/Guardian's Signature Print Name Address Phone Cell Phone