



Wisconsin Soaring Society

Hartford, Wisconsin

Member Information and Waiver and Indemnity Form

Member Name: _____

Date of Birth: _____

Flying Weight: _____

Name and Dates of Birth of Additional Family Members (if Family Membership):

Mailing Address:

Telephone: _____

E-mail address: _____

FAA Ratings: _____

SSA Member #: _____

Aircraft Owned: _____

Waiver and Indemnity

(Note: this Waiver and Indemnity has the effect of reducing or giving up some or all of your legal rights)

Acknowledgment of Risk

I, the undersigned (including spouse and or parent undersigned) hereby 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 BOTH ON MY OWN BEHALF AND ON BEHALF OF EVERY PERSON WHOM I MAY BRING TO PARTICIPATE IN WISCONSIN SOARING SOCIETY (WSS) ACTIVITIES OR CARRY OR PERMIT TO BE CARRIED IN AIRCRAFT OWNED OR LEASED BY WSS.**

Definitions

For the purposes of this Waiver and Indemnity, "WSS and its members" means WSS and its members, directors, officers, employees, agents, representatives, pilots (including tow pilots and flight instructors) and contractors, or any of them. "WSS activities" means anything connected with my and/or my spouse and/or my minor children and/or my guests and/or invitees participation in the activities of WSS, flying in aircraft owned or leased by WSS, receiving flight instruction and/or glider towing facilities from WSS and its Members, or operation of the aircraft or other equipment of WSS and its Members.

Waiver of Claims

In consideration of my (or my spouse and/or minor child, as the case may be) being admitted as a member of WSS or being permitted to continue as a member of WSS, as the case may be, and the benefits of such membership, which consideration I agree is sufficient to induce me to sign this Waiver and Indemnity, **I DO HEREBY MYSELF, AND ON BEHALF OF ALL MY MINOR CHILDREN THAT MAY PARTICIPATE IN WSS ACTIVITIES, GIVE UP FOREVER ALL CLAIMS OF ANY NATURE** (other than arising from willful or grossly negligent acts or omissions of WSS and its Members) **WHICH I OR THEY MAY HAVE BOTH NOW OR WHICH MAY ARISE IN THE FUTURE AGAINST WSS AND ITS MEMBERS, ARISING OUT OF OR IN ANY WAY, WHETHER DIRECTLY OR INDIRECTLY, CONNECTED WITH WSS FLYING ACTIVITIES.**

Giving of Indemnity

I hereby indemnify and agree to hold harmless each of WSS 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 WSS Flying Activities other than caused by willful or grossly negligent acts or omissions of WSS and its Members.

Acceptance Of Responsibility, etc.

I agree to be fully responsible for WSS owned or leased equipment in the care of myself or my minor children and to warrant its return to WSS in the same condition as at the time I or my minor child first became responsible for it. However, I understand that my responsibility for damage to such equipment will be limited to the amount, if any, then prescribed by WSS and that such limitation will be subject to such conditions and exclusions as may also be so prescribed.

In the event of my marrying in the future, I undertake to have my spouse sign a waiver and indemnity in this form at that time, and deliver such form to WSS.

I agree to be fully responsible for all debts that I or my minor children may incur to WSS. 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 of 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.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THE WHOLE OF THIS WAIVER AND INDEMNITY.

Date: _____

Member Signature: _____

Print Member Name: _____

Spouse/Parent/Guardian Signature _____

Print Spouse/Print/Guardian Name _____

If you do not have a glider pilot license, you will need instruction and must have an instructor sponsor your membership.

Sponsoring Instructor: _____

Please submit promptly to either party:

WSS Secretary

Sune Ericson
W333S271 Glen Oaks Drive
Delafield, WI 53018-3103
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WSS President

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