

# MSS Day Membership Application

**Date:** \_\_\_\_\_ **Application Accepted By:** \_\_\_\_\_  
(MSS Member)

## Please Print:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## 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.

## 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 IN PART V.

WITNESS MY HAND this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
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 (MSS Member)

\_\_\_\_\_  
Print Name