LVVSA4000 Revised: 2/19/2022

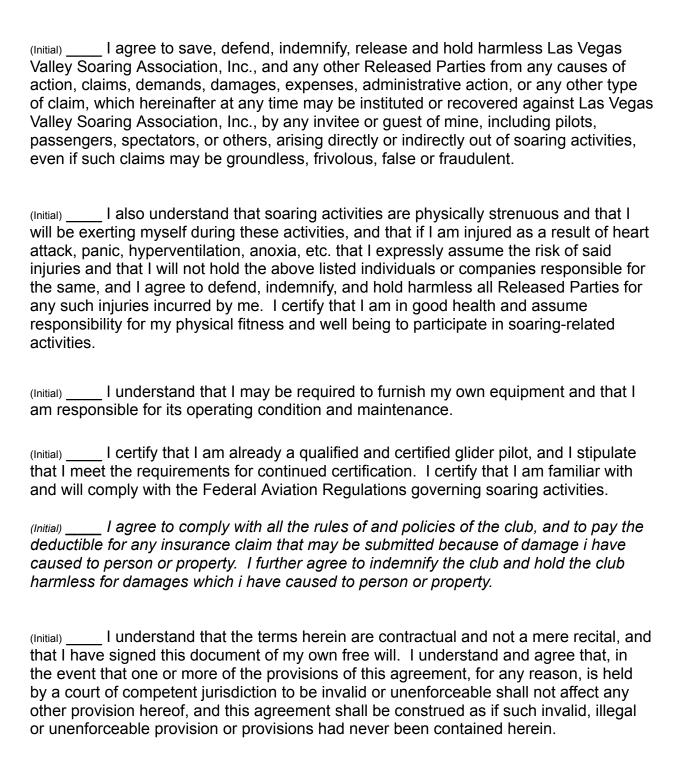
## LAS VEGAS VALLEY SOARING ASSOCIATION, INC. Participant Information

Name	Birth Date (mm	n/dd/yy)
NameMailing Address Line 1	<u> </u>	
Mailing Address Line 2		
City	State	Zip CodePhone
E-mail Address	Dunings	Dlaga
Home Phone	Business	Phone
Pilot Certificate number (if any)	: ls	sue date:
	SSA membership #	
F	Pilot's Medical Statem	ent
me unable to operate an aircraft	ason to know of any me ft in a safe manner. I fu	dical condition that would make
Section 61.53: Prohi	bition on operations dur	ing medical deficiency.
1. (a) <u>Operations that require</u> of this section, a person who holds chapter shall not act as pilot in corcrewmember, while that person:	s a current medical certific	
(1) Knows or has reason to know of meet the requirements for the med		hat would make the person unable to for the pilot operation; or
(2) Is taking medication or receiving person being unable to meet the reoperation.		nedical condition that results in the al certificate necessary for the pilot
(b) Operations that do not require of this part, a person shall not act a pilot flight crewmember, while that condition that would make the person of the pe	as pilot in command, or in at person knows or has rea	son to know of any medical
Signature		Date Today
Witness		Date

## LAS VEGAS VALLEY SOARING ASSOCIATION, INC.

## LIABILITY RELEASE, INDEMNITY AGREEMENT, EXPRESS ASSUMPTION OF RISK AND WAIVER OF RIGHTS

Please read carefully, fill in all blanks and initial each paragraph before signing at bottom. \_\_\_\_, hereby affirm that I have been I, (please print full name) advised and thoroughly informed of the inherent hazards of soaring, whether as a participant or spectator, and that it is a dangerous activity which may result in my injury or death. (Initial) I understand that soaring activities may be conducted at a site that is remote, either by time of distance or both, from emergency services. I still choose to proceed with such soaring activities in spite of the possible absence of emergency services. (Initial) I understand and agree that neither Las Vegas Valley Soaring Association, Inc., nor any of its officers, agents or assigns, nor any or its members (other than myself), nor any flight instructor, nor the authors of any materials including texts or tables expressly used for training (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my heirs, estate or assigns that may occur as a result of my participation in soaring activities or as a result of the negligence or recklessness of any party, including the Released Parties, whether passive or active. In consideration of being allowed to participate in soaring activities with Las Vegas Valley Soaring Association, Inc., I hereby personally assume all risks for any harm, injury, damage, or death that may befall me during my participation in these activities, including all risks connected therewith, whether foreseen, foreseeable, unforeseen, or unforeseeable, and including personal injury and property damage. (Initial) I agree to save, defend, indemnify, release and hold harmless Las Vegas Valley Soaring Association, Inc., and any other Released Parties from any causes of action, claims, demands, damages, expenses, administrative action, or any other type of claim, which hereinafter at any time may be instituted or recovered against Las Vegas Valley Soaring Association by me, anyone purporting to act on my behalf, my heirs. estate, or assigns, arising directly or indirectly out of my participation in soaring activities, even if such claims may be groundless, frivolous, false or fraudulent.



IT IS THE INTENTION OF (print)		BY THIS INSTRUMENT
TO EXEMPT AND RELEASE LA	AS VEGAS VALLEY SOARING	ASSOCIATION, INC.,
MY FLIGHT INSTRUCTOR (IF	ANY), THE MEMBERS OF LAS	S VEGAS VALLEY
SOARING ASSOCIATION, AND	) ALL OTHER RELATED ENTI	TIES AND RELEASED
PARTIES OR AS DEFINED ABO	OVE, FROM ALL LIABILITY O	R RESPONSIBILITY
WHATSOEVER FOR PERSON.	AL INJURY, PROPERTY DAMA	AGE OR WRONGFUL
DEATH HOWEVER CAUSED, (	OR ARISING OUT OF, DIRECT	LY OR INDIRECTLY,
INCLUDING, BUT NOT LIMITE	D TO, THE NEGLIGENCE OR	RECKLESSNESS OF
THE RELEASED PARTIES, WH	HETHER PASSIVE OR ACTIVE	. I HAVE FULLY
INFORMED MYSELF OF THE	CONTENTS OF THIS LIABILIT	Y RELEASE AND
<b>EXPRESS ASSUMPTION OF F</b>	RISK BY READING IT BEFORE	SIGNING IT ON
BEHALF OF MYSELF, MY HEIF	RS, ESTATE, AND ASSIGNS.	
(Initial) I certify I am of lawfu or that I have acquired the written		
Signature of $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Guest	
Witnessed by me this	_ day of	
(Witness: Please print name an	nd sign legal signature)	

NOTE: IF MEMBER OR GUEST IS UNDER 18 YEARS OF AGE THE FOLLOWING PARENT OR GUARDIAN"S RELEASE MUST BE COMPLETED
I, (print your name), am the
parent/legal guardian of (print name of minor member/guest)
who is a member or guest of a
member of LAS VEGAS VALLEY SOARING ASSOCIATION, Inc. I desire that he or she
receive the benefit of full participation in the activities of LAS VEGAS VALLEY
SOARING ASSOCIATION, Inc. which may include but not be limited to flight training,
flying, ground operations, social and other activities. I have read, understand and agree
to the above Member's Release and Indemnity Agreement. In consideration of
permission extended to the above named minor member by LAS VEGAS VALLEY
SOARING ASSOCIATION, Inc. to participate in its activities, I do hereby grant my
permission and approval for the above named minor member to engage in flights and
any other activities as shall be made available, and do hereby confirm and agree to all
the terms of this Member's Release and Indemnity Agreement.
Additionally, I agree to be responsible for any and all debts of the above named minor member or guest of LAS VEGAS VALLEY SOARING ASSOCIATION, Inc.
Signed by my hand this day of, 200
(signature)
Please print name:
Address:
Witnessed by:
(Witness: printed name and sign legal signature)