

BAY AREA SOARING ASSOCIATES, Inc.

RELEASE

I, _____, in consideration of being accepted as a member of Bay Area Soaring Associates, Inc., herein called "BASA", hereby acknowledge that there are certain dangers inherent in the sport of gliding, and I acknowledge that in using the facilities and equipment of BASA I am undertaking a risk that I might incur personal injury. It is my intent, by executing this release, to personally assume all of the risks inherent in the sport of gliding and to release and exonerate BASA and its officers, directors, members, employees and/or agents in the event of any such injury.

I hereby release BASA, its officers, directors, members, employees and/or agents from any claim of any nature which I might at any time have on account of any personal injury, property damage or emotional distress arising out of, or in any connection with, my membership in BASA or my use of the facilities or equipment of said club.

I hereby expressly waive the provision of section 1542 of the California Civil Code with respect to any such personal injury, property damage or emotional distress. Section 1542 of the California Civil Code provides as follows: A general release does not extend to claims which the creditor does not know or suspect to in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

As a further consideration for being accepted as a member of BASA I do hereby agree to indemnify and hold harmless BASA, its officers, directors, members, employees and/or agents from any claims which may be filed by me or on my behalf arising out of any such personal injury, property damage or emotional distress, including any attorney's fees which may be incurred by said organization and persons in defending any such claims.

This Release shall be binding on my heirs, executors and administrators.

MEMBER SIGNATURE: _____ DATE: _____

BAY AREA SOARING ASSOCIATES.
INSURANCE INFORMATION FORM

Name: _____ Telephone (H): _____

Address: _____ Telephone (W): _____

_____ E-Mail: _____

Name and Address of Next of Kin: _____

Is your address registered with the FAA? : Yes No If not, please do so at immediately.

Occupation: _____ Date of Birth: _____

Drivers Licence No: _____ State: _____ Weight: _____

Airman's Certificate No.: _____ SSA Identification No.: _____

Medical Class and Expiration Date: _____

Glider Certification or Ratings held: _____

Powered Aircraft certificates and ratings held: _____

Last Biennial Flight Review. Date: _____ Location: _____

Achievement Awards by F.A.I., S.S.A., or other flying associations, including date acquired:

Hours Pilot in Command of powered aircraft: S/E: _____ M/E: _____

First Glider Flight Date: _____ Tow Quals: Aero: ___ Auto: ___ Winch: ___

Special training or experience. (Wave Camp, Altitude Chamber, Contest, X-country, etc.)

If the answer to any of the questions below is yes, please attach full details on a separate signed page, including, if necessary, date, place, make and model of aircraft, and cause.

Have you had any accidents while pilot in command? : Yes No

Have you ever been cited for violation of FAA or Military Aviation Regulations? Yes No

Are you flying subject to any limitations, waivers, or restrictions? Yes No

Have you ever had an application for aircraft insurance declined? Yes No

I certify that the statements made by me in this application, and supporting documents if any, are true and complete to the best of my knowledge.

Signature: _____ Date: _____

BAY AREA SOARING ASSOCIATES, Inc.

INSURANCE INFORMATION FORM

Sailplane Pilot History Data:

Number of Flights

Number of Hours

AIRCRAFT MAKE AND MODEL	Past 5 years	Past 90 Days	Past 5 years	Past 90 days

TOTALS:

I have flown at the following sites: _____

I certify that I have a CFI-G sign-off in my log book for the following makes and models of aircraft:

GROB 103.....	YES.....NO
SCHWEITZER 1-34.....	YES.....NO
PEGASUS 101.....	YES.....NO

I agree to fly only those BASA aircraft for which I have BOTH a CFI-G sign-off, and flight committee approval.

Signed: _____

Date: _____