

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK (READ CAREFULLY)**

I hereby apply for membership in the PRESCOTT AREA SOARING, INC. I acknowledge that any form of flying, gliding, soaring and other flight related activities are potentially dangerous, and may result in injury or death. I acknowledge that the PRESCOTT AREA SOARING, INC., its officers, and its members (hereinafter the "Releasees") have given me no undertakings, guarantees, warranties, or representations whatsoever as to the safety of flight related activities. I hereby release, forever discharge, and covenant not to sue the Releasees, from all liability and responsibility, whether in tort, contract, or otherwise, for any injury, loss, or damage suffered by me in conjunction with flight related activities or other activities associated with my membership in the PRESCOTT AREA SOARING, INC., including property loss, bodily injury or death, however caused, including the negligence of the Releasees. I hereby agree to indemnify and hold harmless the Releasees from all claims, demands, actions, and causes of action by any other person, including my heirs, executors, insurers, successors and assigns in consequence of any injury, loss or damage suffered by me in connection with flight or other activities associated with membership in the PRESCOTT AREA SOARING, INC.. This Agreement binds my estate and will enure to the benefit of the estates of the Releasees.

I have read the above and understand it. I am entering into this Release of Liability and Assumption of Risk agreement of my own free will and not under duress.

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Applicant Name	Signature	Date
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Address and Telephone Number

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Parent or Legal Guardian (if Applicant is a minor)	Signature	Date
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Address, Telephone Number and Relationship to Participant

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Prescott Area Soaring, Inc. Representative (as Witness to above)	Signature	Date
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**LIABILITY RELEASE ADDENDUM FOR SAILPLANE OWNERS**

I certify that anytime I am flying my privately owned glider / sailplane from the PRESCOTT AREA SOARING, INC. facilities or with any support or assistance from the PRESCOTT AREA SOARING, INC. I will maintain liability insurance that covers the PRESCOTT AREA SOARING, INC., its officers, and members. I will provide the PRESCOTT AREA SOARING, INC. with written proof of that insurance and immediately notify the PRESCOTT AREA SOARING, INC. of any changes in that insurance. I further certify that my aircraft is in compliance with all Federal Aviation Administration or other regulatory body regulations and requirements.

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Owner / Applicant Name

Signature

Date

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Address and Telephone Number