



YELLOW JACKET FLYING CLUB, INC.

GEORGIA INSTITUTE OF TECHNOLOGY

MEMBER INFORMATION

Full Name: _____ Date of Application: _____
First MI Last MM/DD/YYYY

Local Address: _____ Perm. Address: _____
Street Address Street Address

_____ _____
City, State Zip Code City, State Zip Code

Home: () _____ Cell: () _____ Work: () _____

GT Status: Undergraduate Graduate Alumnus Faculty/Staff Other: _____

Email: _____ Citizenship: US Other: _____

Birthdate: _____ Weight: _____
MM/DD/YYYY (LBS)

Emergency Contact: _____ Phone: () _____

TRANSPORTATION TO FULTON COUNTY AIRPORT (FTY)

You are responsible for your own transportation to and from your lessons. How will you get to FTY?

- Provide own Vehicle ZipCar / Taxi / MARTA / Etc. No Transportation

FLIGHT EXPERIENCE AND AVAILABILITY

Availability for Training: Immediately Next Semester Other: _____

Training Interests: Private Instrument Club Checkout Multi-Engine Other: _____

Flight Certificates and Ratings Held: _____

Total Flight Hours (If you hold no pilot certificates): None Less than 25 25-50 More than 50

Date and Class of Most Recent Medical: _____

Date of Most Recent Flight Review / Checkride: _____

Which days do you generally prefer to fly? (Your actual flight schedule will be decided by you and your instructor. Each flight is scheduled individually, and can usually be arranged to fit in with your other commitments (classes, job, etc.).)

- Weekdays Weekends Both Weekdays and Weekends

If you answered "Both Weekdays and Weekends," you may be assigned to an instructor sooner if you choose one of the following: (This response is optional, and is used only to assign instructors sooner. If you wish to have the option to fly any day of the week, leave this section blank.)

- Weekdays-only Weekends-only

WAIVER & AGREEMENT

I agree that from the moment I have paid any dues or fees to the Yellow Jacket Flying Club, Inc., neither the Yellow Jacket Flying Club, Inc., nor the Georgia Institute of Technology, nor any employees, officers, or instructors of either of the above, may be held responsible or liable for my death or injury while flying, either as a pilot or a passenger, or while engaged in other club activities. **I have read, understand and agree to comply with the rules and regulations governing the Yellow Jacket Flying Club, Inc.**

 Signature Date: _____
MM/DD/YYYY

**NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC,
RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS
AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR
PERSONAL INJURY AND/OR PROPERTY DAMAGE**

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following activity: Yellow Jacket Flying Club events, activities, and flights, should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The Institute does not warrant nor guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Initials: _____ **Date:** _____

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity. Further, I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

Initials: _____ **Date:** _____

**RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)**

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the Institution or participation in a risk-related activity. I have received a copy of this document and I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Full Name (Please Print): _____ **GT Class of:** _____ **Date:** _____

Signature of Participant

Signature of Parent or Guardian (if under 18)