



YELLOW JACKET FLYING CLUB, INC.

GEORGIA INSTITUTE OF TECHNOLOGY

Application for Membership

Name: _____ Date: ___/___/___
First MI Last

Local Address: _____ Home: () ___ - ___
Street

_____ Work: () ___ - ___
City, ST Zip

Perm. Address: _____ Cell: () ___ - ___
Street

_____ Fax: () ___ - ___
City, ST Zip

Emergency Contact Info: _____ Phone: () ___ - ___

Driver's License #: _____ and State: _____ Birthdate: ___/___/___

Email: _____

Citizenship: U.S. Other: _____ Weight: _____ lbs.

Flight Experience and Training

TYPE OF TRAINING

- Primary (not yet licensed)
- Club Checkout Only
- RG Transition
- Instrument
- Commercial

Certificates & Ratings Held: _____

Date and Class of Medical: _____

Date of Last Flight Review: _____

AVAILABILITY

When will you be ready to start training? Immediately Date _____

On which days do you prefer to fly? Weekdays Weekends Both

If "Both", are you willing to fly... Weekdays only Weekends only

(A willingness to fly only on weekends or weekdays may enable us to assign a flight instructor more quickly.)

Interests

Which areas of the club operation are you interested in helping with:

- Maintenance Plane Washes Information Booths/PR Programs Publications Treasurer Secretary

Please list any special skills you have that might help the club: _____

I agree that from the moment I have paid my initiation 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.**

Signed

Date: ___/___/___

Witnessed

Date: ___/___/___

**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: _____, 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 or 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.

NAME _____ GT Class of: _____ Date _____ 20__
(Please Print)

Signature
Signature witnessed by:

Signature of Parent or Guardian if Participant is under 18

Witness

Witness