



# Waiver of Liability and Hold Harmless Agreement

**I acknowledge** that participation in any activities of the SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS as a pilot, student pilot, copilot, instructor, or passenger involves the possibility of physical injury or death and/or damage to property and I understand and agree that I am assuming the risk of any personal injury or property damage to me that may result while participating in Club activities.

**I further and expressly state that I understand** any flying activity which I participate in for which this agreement covers is an inherently dangerous activity which can cause injury or death to my person, any minors for which I am legally responsible and for whom I am signing authorization to participate in flight club activity, and any property which is covered by this agreement.

**In consideration** of participating in SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS Aircraft Use/Flight Operations and any other activities, I hereby state the following:

**I WAIVE, RELEASE AND DISCHARGE** SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS and any of its officers, employees, representatives, or agents from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses which may arise by reason of my participation in any Club activities or flight operations. To the extent possible by law, I hereby waive, release and discharge all parties notwithstanding their own negligent acts or omissions or the negligent acts or omissions of others.

I agree that I will not bring any action or claim against any of the parties hereby released for any reason associated with Club activities, flight operations or within aircraft or airport facilities.

**I INDEMNIFY AND HOLD HARMLESS** the parties hereby released from any and all claims made or liabilities assessed against them as a result of my participation in Club activities and any Aircraft Use/Flight Operations.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THE POSSIBLE HAZARDS IN THE USE OF AIRCRAFT AND I AM FULLY AND VOLUNTARILY WAIVING ALL LIABILITY THAT MAY ARISE BY REASON OF THIS PARTICIPATION AFTER FULL CONSIDERATION OF THE RIGHTS I AM WAIVING. THIS WAIVER IS IN CONSIDERATION OF MY BEING ALLOWED TO PARTICIPATE IN AIRCRAFT USE/FLIGHT OPERATIONS WITH SKY KNIGHTS FLIGHT CLUB

I HEREBY AFFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN OF: \_\_\_\_\_ . I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THE POSSIBLE HAZARDS IN THE USE OF AIRCRAFT AND I AM FULLY AND VOLUNTARILY WAIVING ALL LIABILITY THAT MAY ARISE BY REASON OF THIS PARTICIPATION AFTER FULL CONSIDERATION OF THE RIGHTS I AM WAIVING. THIS WAIVER IS IN CONSIDERATION OF MY SON/DAUGHTER BEING ALLOWED TO PARTICIPATE IN AIRCRAFT RENTAL/FLIGHT OPERATIONS WITH SKY KNIGHTS FLIGHT CLUB

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



# COVENANT NOT TO SUE

I \_\_\_\_\_, am about to participate voluntarily in various activities, including flying activities of the SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS (afore mentioned parties) as a pilot, student pilot, copilot, instructor, or passenger. In consideration of the Flying Club permitting me to participate in these activities, I, for my heirs, administrators, executors, and assignees, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, or any demand, claim, or suit against the afore mentioned parties and/or its officers, agents, or employees, acting officially or otherwise, for any loss, damage, or injury to my person (including death), or my property which may occur from any cause whatsoever as a result of participation in the flight club.

If I or my heirs, administrators, executor, and assignees should demand, claim, sue, or aid in any way in such a demand, claim, or suit, I agree to indemnify the afore mentioned parties for all damages, expenses, and cost it may incur as a result thereof.

I understand and agree that I am assuming the risk of any personal injury or property damage to me that may result while participating in flight club activities, including such injuries or damage that may be caused by the negligence of the afore mentioned parties. I further and expressly state that I understand any flying activity which I am participating in for which this agreement covers is an inherently dangerous activity which can cause injury or death to my person, any minors for which I am legally responsible and for whom I am signing authorization to participate in flight club activity, and any property which is covered by this agreement.

I also understand and agree that I may be held liable for any damage or loss to the afore mentioned parties which is caused by my gross negligence, willful misconduct, or fraud. The term "afore mentioned parties" as used here includes the SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS including individual members, any officer, agent, employee, or the Flying Club, acting officially or otherwise.

## Please sign below annually

Date: _____	Member signature: _____
Date: _____	Member signature: _____
Date: _____	Member signature: _____
Date: _____	Member signature: _____



PIC (print) \_\_\_\_\_ Signature: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Office Personnel Signature: \_\_\_\_\_

If a minor is to participate, complete the minor child covenant.

List the minor's age. The minor will sign the covenant if capable of signing. If not capable, have parent sign for the minor, e.g. "John Jones by Harry Jones, his father" and sign below.

For Minors:

I / We, \_\_\_\_\_ parent(s) of the above-said minor child do

Hereby:

- (1) consent to my minor child participating in the SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS (afore mentioned parties) activities;
- (2) agree to and adopt as my own the conditions of the above agreement; and
- (3) agree to reimburse the afore mentioned parties for any damage incurred for which my minor child would be liable had my minor child reached the age of majority.
- (4) Child's age: \_\_\_\_\_

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Date	Parent's/ Guardian's Signature
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(Covenant not to sue and this form are to be completed for all minors, regardless of age and regardless of whether the parent/guardian has executed the indemnity agreement on behalf of the minor.)



## ASSOCIATE MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:	Drivers License:	Expires:	State:
Current address:			
City:	State:	ZIP Code:	
Date of birth:		Phone:	
Home:	Cell:	Email:	

### EMERGENCY CONTACT

Name to call in case of emergency:	Relationship:
Address:	Phone:
City:	State: ZIP Code:

### Membership Fees

<b>Initiation fee: \$50.00</b>	<b>Aircraft Use: \$ 50/hr</b>	<b>Total Due:</b>
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**Waiver and Hold Harmless Agreement**



## ASSOCIATE MEMBERSHIP APPLICATION

\_\_\_\_\_ I acknowledge that participation in any activities of the SKY KNIGHTS FLIGHT CLUB as a pilot, student pilot, copilot, instructor, or passenger involves the possibility of physical injury or death and/or damage to property.

\_\_\_\_\_ I understand and agree that I am assuming the risk of any personal injury or property damage to me that may result while participating in Club activities.

\_\_\_\_\_ I further and expressly state that I understand any flying activity which I am participating in for which this agreement covers is an inherently dangerous activity which can cause injury or death to my person, any minors for which I am legally responsible and for whom I am signing authorization to participate in flight club activity, and any property which is covered by this agreement.

### **Associate Membership:**

- One time 30 day limited membership to evaluate Club benefits
- May attend and participate in Club activities
- May schedule and use aircraft at current hourly rates during membership period
- Responsible for one-time, non-refundable initiation fee.
- Must fly with an approved Club Pilot or CFI

No voting or property rights.



## ASSOCIATE MEMBERSHIP APPLICATION

*In consideration of SKY KNIGHTS FLIGHT CLUB membership acceptance, I hereby state the following:*

**I WAIVE, RELEASE AND DISCHARGE SKY KNIGHTS FLIGHT CLUB, VENTURA COUNTY ULTRALIGHT AIRCRAFT SOCIETY, or VENTURA COUNTY DEPARTMENT OF AIRPORTS** and any of its officers, employees, representatives, or agents from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses which may arise by reason of my participation in any Club activities or flight operations. To the extent possible by law, I hereby waive, release and discharge all parties notwithstanding their own negligent acts or omissions or the negligent acts or omissions of others and agree that I will not bring any action or claim against any of the parties hereby released for any reason associated with Club activities, flight operations or within aircraft or airport facilities.

**I INDEMNIFY AND HOLD HARMLESS** the parties hereby released from any and all claims made or liabilities assessed against them as a result of my voluntary participation in Club activities and any Aircraft Use/Flight Operations.

**I HEREBY AFFIRM** THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THE POSSIBLE HAZARDS IN THE USE OF AIRCRAFT AND I AM FULLY AND VOLUNTARILY WAIVING ALL LIABILITY THAT MAY ARISE BY REASON OF THIS PARTICIPATION AFTER FULL CONSIDERATION OF THE RIGHTS I AM WAIVING. THIS WAIVER IS IN CONSIDERATION OF MY BEING ALLOWED TO PARTICIPATE IN AIRCRAFT USE/FLIGHT OPERATIONS WITH SKY KNIGHTS FLIGHT CLUB.

### SIGNATURE

I certify that the information above is true and correct and indemnify and hold the Club harmless from any and all losses or damages resulting from voluntary participation in Club activities. I also understand that I am fully responsible for recurring membership dues and hourly flight usage fees.

Signature of applicant:

Date: