



Chollas RC Flyers

www.chollasrcflyers.com

Membership Application 5/5/2019

PLEASE FILL OUT FIELDS ACCURATELY AND CLEARLY

Name

Alias (Optional)

Email Address

Phone Number

AMA Number

Address

City

Zip Code

Membership Dues	January 1 – December 31	\$80
Additional discounts: Family, group, youth and prorate please contact club officers		

I AGREE TO ABIDE BY THE FIELD RULES, GUIDELINES AND BYLAWS OF CHOLLAS RC FLYERS

Signature _____ Date _____

Your email address will be used to confirm receipt of your membership application, provide club access and club news.

Club membership privileges will be issued after we have received this form, a signed copy of the city waiver, payment and your AMA number has been validated.

Mail completed form to:
Chollas RC Flyers
2682 Buena Vista Ave
Lemon Grove, CA 91945

Membership questions contact the club officers: officers@chollasrcflyers.com
For AMA membership please see: www.modelaircraft.org
If paying by check, please make payable to Chollas RC Flyers.

IMPORTANT: READ COMPLETELY BEFORE SIGNING (2 PAGES)

Participant's Name: _____
Please Print

CHOLLAS RC FLYERS RADIO-CONTROLLED AIRCRAFT FLIGHT ACTIVITY

CITY OF SAN DIEGO

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, ACKNOWLEDGE that flying radio-controlled aircraft is a dangerous activity and fully realize the dangers of participating in the CHOLLAS RC FLYERS RADIO-CONTROLLED AIRCRAFT FLIGHT ACTIVITY ("Flight Activity") and preparation for such Flight Activity.

I FULLY ASSUME THE RISKS associated with my participation in the Flight Activity, any negligence of the City of San Diego and its elected officials, officers, representatives, agents and employees (collectively and individually, the "City"), and the possibility of serious physical and/or mental trauma, injury, permanent paralysis or death associated with my participation in the Flight Activity.

As consideration for permission to use the City's property, facilities, and services related to the Flight Activity, **I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, LEGAL REPRESENTATIVE, ASSIGNEES, AND SUCCESSORS IN INTEREST, AGREE TO THE FOLLOWING:**

- 1. **Waiver:** I do hereby release, waive, and discharge the City from all liability, and covenant not to sue the City for any and all claims relating in any way to any negligence of the City resulting directly or indirectly in personal injury, accident or illness (including death), and property damage or loss arising from, but not limited to, my participation in the Flight Activity and use of the City's property, facilities, or services.

Date Signature of Adult Participant Signature of Parent/Guardian of Minor

PRINT NAME & RELATIONSHIP

- 2. **Indemnification and Hold Harmless.** I shall protect, defend, indemnify, and hold the City, its elected officials, officers, representatives, agents and employees, harmless from and against any and all claims asserted or liability established which arise out of or are in any manner directly or indirectly related to my participation in the Flight Activity, and my use of the City's property, facilities or services, and all costs and expenses of investigating and defending against same, including without limitation attorney fees and costs, provided, however that my duty to indemnify and hold harmless shall not

include any claims or liability arising from the established sole willful misconduct of the City, its elected officials, officers, representatives, agents and employees. The City may, at its election, conduct the defense or participant in the defense of any claim related in any way to this indemnification. If the City chooses at its own election to conduct its own defense, participant in its own defense, or obtain independent legal counsel in defense of any claim related to this indemnification, I shall pay all of the costs related thereto, including without limitation reasonable attorney fees and costs.

- 3. **Severability.** I further expressly agree that this City of San Diego Waiver Of Liability Assumption of Risk, and Indemnity Agreement (“Agreement”) is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion hereof is held to be invalid, it is agreed that the balance of this Agreement shall, notwithstanding such partial invalidity, continue in full legal force and effect.
- 4. **Acknowledgement of Understanding.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE THAT IT BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

_____	_____	_____
Date	Signature of Adult Participant	Signature of Parent/Guardian of Minor

		PRINT NAME & RELATIONSHIP