

Rocky Mountain Hang-Gliding & Paragliding Association

Membership Application

Season: 201			
Applicant Name: (First) (Last)			
Mailing Address & Contact Information (phone and email are available to other members)			
Address: Phone (s):			
Address:			
USHPA Information (This helps us maintain our status as a local chapter of the USHPA)			
USHPA Number: Expiration Date:			
Hang Gliding Rating: Paragliding Rating:			
Emergency Contact Information (Names and telephone numbers) Contact 1:			
Contact 2:			
Club dues (waived for visiting pilots*)			
Donation (visiting pilots* are encouraged to make a donation)+ \$			
Leonardo XC League			
1 Year (add \$5.00)+ \$			
Total (\$40 + any addition): \$			
☐ I certify that I have signed the waiver "Assumption of Risk, Release, Waiver, Hold Harmless and Indemnification" (downloadable at http://rmhpa.org/downloads/JeffCoWaiver.pdf)			
Signature: Date:			
You can make a payment online with PayPal at http://rmhpa.org/club/join.php or snail-mail a check payable to the Rocky Mountain Hang-gliding and Paragliding Association (or RMHPA).			
The completed forms (membership application and waiver) should be scanned and emailed to <u>treasurer@rmhpa.org</u> , or snail-mailed to RMHPA.			
Rocky Mountain Hang-Gliding and Paragliding Association Go to http://rmhpa.org/club/join.php for mailing information.			

ASSUMPTION OF RISK, RELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION

The undersigned Participant \Box is or \Box is not a minor (under 18). If the Participant <u>is</u> a minor <u>all</u> the Participant's parent(s) or guardian(s) must also agree to and sign this ASSUMPTION OF RISK, RELEASE, WAIVER, HOLD HARMLESS AND INDEMNIFICATION.

PARTICIPANT'S NAME:		
COUNTY'S WINDY SADDLE PARK. T	The terms of the Jefferson Cour iment. The Participant represe	AT THE MT. ZION LAUNCH SITES WITHIN THE nty Open Space Special Activity Agreement for the nts that he/she is a member of the Rocky Mountain Gliding and Paragliding Association.
DATE OF ACTIVITY:		
property, the Participant may be expos- winds, lightning, rain, and extreme tem unimproved topographic hazards such	ed to hazards and risks, includi peratures); above-ground utility as rough trails, cliffs, ravines, c nts; wild or uncontrolled animal	bed above on Jefferson County Open Space ng but not limited to: inclement weather (e.g., strong lines; use of the property by other individuals; aves, trees, loose or falling rocks; poisonous or s; fire (including intentionally set fires for biological
undersigned (and, if the Participant is a	minor, the Participant's parent	erson County Open Space property, the (s) or guardian(s)), <u>to the fullest extent allowed by</u> y resulting from the Participant's involvement in
the Activity. This assumption of risk negligence of the County or its office	<u>c includes any injury, death, l</u>	oss, damage, or expense resulting from the
allowed by law, releases, waives, ho agents, from and against all liability, expense, including costs and attorned Activity. This release, waiver, hold be expense resulting from the negligeneral This ASSUMPTION OF RISK, RELEAST broad and inclusive as permitted by law notwithstanding, continue in full legal for protections, immunities, or limits on liab	Ids harmless and indemnifies claims and demands on accey's fees, in any way resulting narmless and indemnification ce of the County or its officer SE, WAIVER, HOLD HARMLES or If any portion of this agreement or ce and effect. Nothing contain polity provided Jefferson County	ent(s) or guardian(s)) also, to the fullest extent a the County and its officers, employees and count of any injury, death, loss, damage, or grow the Participant's involvement in the includes any injury, death, loss, damage, or s, employees, and agents. SS AND INDEMNIFICATION is intended to be as ent is held invalid, it is agreed that the balance shall, ned herein shall be construed to limit any under the State's constitution or statutes, including, on, et seq., Colorado Revised Statutes (2007).
BY SIGNING BELOW, I ACKNOWLED OF RISK, RELEASE, WAIVER, HOLD	DGE READING, UNDERSTAN HARMLESS AND INDEMNIFI	DING, AND AGREEING TO THIS ASSUMPTION CATION.
(Signature of Participant)	(Date)	USHGPA #
Signature of Parent/Guardian if Participant is under 18	(Date)	
Signature of Parent/Guardian	 (Date)	

if Participant is under 18