

CUASA NEW MEMBER APPLICATION AND WAIVER

Pilot Name_____

Address_____

City:_____ State:_____ Zip:_____

Phone_____ Cell_____

Email_____

USHPA Rating and # _____

USHPA Exp Date_____

Total Foot launched hours_____

Mountain Hours_____

WAIVER OF LEGAL RIGHTS

I recognize that by engaging in paragliding /hang gliding activities I could suffer injury or death. I hereby acknowledge that I accept full responsibility for any injury or loss that I may suffer while on the property used or managed by the Central Utah Air Sports Association, and the United States Hang gliding and Paragliding Association, or on any other property where I may fly. I further waive any legal rights that may occur as the result of any injury or loss I may suffer while operation a paraglider/ hang glider on or above any of these properties. This statement constitutes a waiver of my rights and is an affirmation that I will not pursue any legal remedies against any property owner, or against the National Forest Service, or the Central Utah Air Sports Association, or against the United States Hang gliding and Paragliding Association. Furthermore, I understand that to be a member of CUASA I must acquire and provide proof of membership in USHPA, within 30 days, otherwise my membership is void

Pilot agrees to abide by all USHPA regulations and CUASA By-Laws.

Signatures

Pilot: _____ Date: _____

CUASA Member verifying USHPA Card: _____ Date:_____ (if no CUASA member is available, please include a copy of your USHPA card) Membership fee paid - in the form of check cash \$_____ (\$35/yr, \$25/week)

If necessary, mail to:
CUASA Membership
309 W. Center
Richfield Utah, 84701