



# TRUCKEE-TAHOE SOARING ASSOCIATION

AT THE TRUCKEE TAHOE AIRPORT

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## AVIATION EDUCATION PROGRAM

### LINE CREW INTERNSHIP, WAIVER OF LIABILITY 2020

- VOLUNTARY PARTICIPATION.** I, \_\_\_\_\_, (Parent/Guardian), acknowledge that my child, \_\_\_\_\_, (Participant), voluntarily wishes to experience soaring flight as a passenger and/or receive glider flight instruction from Truckee-Tahoe Soaring Association (TTSA).
- ASSUMPTION OF RISK.** I understand that aviation is potentially dangerous and freely give consent for my child, \_\_\_\_\_, to undertake this risk. I understand that this is a legal document, and by signing it I am waiving important legal rights that I might otherwise be entitled to under the law. I hereby for myself, my heirs, family members, representatives, executors, successors, or assigns assume any and all risks and full responsibility for any injury or death arising from participation in aviation activities with TTSA.
- AGREEMENT TO WAIVE LIABILITY AND NOT TO SUE.** I agree to be legally bound for myself, my heirs, family members, executors, representatives, successors, or assigns to release and discharge TTSA and/or its staff, board of directors, volunteers, or line crew (collectively, the "Releasees") from and agree to not sue any of the Releasees for any and all claims against the Releasees for any injury or death arising from my child's participation in glider flight as a passenger or receiving flight instruction, or any of the circumstances related to aviation activities with TTSA and verify this statement by placing my initials here: \_\_\_\_\_.
- INDEMNIFICATION.** I further agree to assume full responsibility for and to hold TTSA and its staff, board of directors, volunteers, or line crew harmless from all claims, costs, damages, liabilities, and obligations to persons or property arising from the participation of my child in aviation activities with TTSA and verify this statement by placing my initials here: \_\_\_\_\_.
- MEDICAL ISSUES.** I certify that my child, \_\_\_\_\_, has no known physical or mental issues that prevent him/her from participating in any soaring activity or Line Crew operations with TTSA and verify this statement by placing my initials here: \_\_\_\_\_.
- PHOTO RELEASE.** I hereby give TTSA the absolute and irrevocable right and permission to use photographs, pictures and/or images of my child taken at or derived from his/her participation in aviation activities in whole or in part, with or without alteration or modification, in any and/or all manner and in any and/or all media, in connection with TTSA's activities, programs, publications, and publicity and verify this statement by placing my initials here: \_\_\_\_\_.

EXECUTED IN TRUCKEE, CALIFORNIA, OR \_\_\_\_\_ ON \_\_\_\_/\_\_\_\_/\_\_\_\_.

_____	_____	_____
PARENT/GUARDIAN NAME PRINTED	SIGNATURE	DATE

_____	_____	_____
PARTICIPANT NAME PRINTED	SIGNATURE	DATE

**DECLARATION OF WITNESS.** I certify that the above Parent/Guardian and Participant acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing waiver and signed it in my presence.

_____	_____	_____
WITNESS NAME PRINTED	SIGNATURE	DATE