

PUGET SOUND SOARING ASSOCIATION INC.
(A Washington non-profit Association)
RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I, _____ (Print full name, must not be a minor, note: add minor's name below if applicable), declare and certify under oath that I am of legal age and competent to enter into this liability release form. I have had the opportunity to inquire into, and I have inquired into all of the risks of harm that could befall me, and if applicable, my minor child(ren) as a result of participating in any part of Puget Sound Soaring Association's activities. I knowingly and intentionally make and enter into this Release from Liability and Indemnity Agreement (Waiver Form) and knowingly and intentionally accept all risk of harm that may befall me.

The undersigned recognizes and acknowledges that flying activities are an inherently dangerous activity and that I am aware, and have been told, of the inherent dangers of flying in gliders, including, but not limited to, the hazards of pilot error, aircraft structural or mechanical failure, mid-air collisions, physiological disorders, the forces of nature, the actions of other persons, and my own error in judgment. I am further aware that the aforementioned dangers of flying could result in permanent injury, death, or other consequential damages to me and my family. I am also aware that no amount of care and precautions taken by Puget Sound Soaring Association Incorporated (PSSA) pilots, and that no amount of training by PSSA instructors, can eliminate the dangers of flying in, or participating in ground activities associated with flying in gliders.

I understand and agree that PSSA's landlords, Walter, Evelyn and Kenneth Bergseth, and PSSA, its members, operators, officers, directors, agents, instructor pilots, and other unnamed PSSA assistants MAY NOT be held liable, in any manner, for any occurrence in connection with my flying of, or participation as, a student pilot or passenger* in a PSSA aircraft which may result in permanent injury, death or other consequential damages to me.

IN CONSIDERATION of receiving a ride in an aircraft owned and/or operated by PSSA and piloted by a current, qualified PSSA pilot member holding a valid pilots license with the proper ratings and endorsements, I HEREBY PERSONALLY ASSUME ALL RISKS OF PERSONAL INJURY, DEATH, FORESEEABLE AND UNFORESEEABLE RISKS OF ALL TYPES, that arise in connection with PSSA activities, and I RELEASE the aforementioned Landlords, Walter, Evelyn and Kenneth Bergseth, PSSA, its members, operators, officers, directors, agents, instructors, pilots, and other unnamed assistants, from any and all harm which may befall me while I am a passenger*, including all connected risks. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the aforementioned entities from any liability claims and causes of action which I may have arising out of my being a passenger* with PSSA.

I further declare and certify that the foregoing release terms comprise a knowing and voluntary waiver of my right to pursue any form of personal injury and wrongful death claim against PSSA, its Landlords, and any other person affiliated with PSSA and its flight operations. I understand and acknowledge that the foregoing terms are contractual and not merely a recital and that I have signed and entered into this RELEASE Agreement as my free and voluntary act and deed, the absence of which will deprive me of participating in PSSA activities. The terms of this RELEASE shall serve full Release and Waiver and is intended to bind my heirs, successors, representatives and assigns, including rights of any of my minor children. I understand that PSSA and its Landlords would not permit me to participate but for my execution and their reliance on the terms of this RELEASE.

I AM FULLY INFORMED OF THE CONTENTS OF THIS RELEASE AND INDEMNITY AGREEMENT BY READING IT BEFORE I SIGNED IT.

Signature (parent or guardian if applicable)

Date:

Minor's name if applicable)

Address

City State Zip

PSSA MEMBER (Witness)

* As used herein, "passenger" means any person or persons while in, on, entering, or in the vicinity of the aircraft for purposes of riding or flying, observing, or alighting there from, during or following a flight or attempted flight therein, including instruction.

[See Over for Additional Information](#)

EMERGENCY CONTACT INFORMATION

All persons flying in or towing behind PSSA aircraft, or are involved in PSSA ground operations must provide emergency contact information.

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

PUGET SOUND SOARING ASSOCIATION, INC.

PSSA aircraft insurance requires that all persons flying PSSA aircraft or towing behind PSSA aircraft be a current member of the Soaring Society of America, and have a current Biennial Flight Review or equivalent, as required by the FAR's.

Soaring Society of American Membership Number: _____ Exp. Date: _____

Date of Last Biennial Flight Review: _____
