



## GENERAL INFORMATION:

*Southern Para Pilots maintains a yahoo discussion group which is open to non-members and is the best way to “make contact” if you have questions, want to find out where we are flying, or just interested in free flight. The discussion board requires approval from a moderator before you can read or post, but the approval process is quick and it helps keep out spammers. Visit <http://groups.yahoo.com/group/SouthernParaPilots>.*

*Southern Para Pilots requires everyone to sign the waiver on the following pages before flying.*

*You may submit your waiver in one of the following ways;*

*Email - print, sign, scan, and email to [southernparapilots@gmail.com](mailto:southernparapilots@gmail.com)*

*Fax - print, sign, and fax to 678-486-3063*

*Mail - print, sign, and mail to **Southern Para Pilots**  
**c/o Nancy Gormally**  
**1726 Wyntercreek Lane**  
**Hoschton, GA 30548***

## VISITING PILOTS:

*We invite visiting pilots to fly SPP managed sites, twice a year, free of charge, without requiring them to join the club. Visiting pilots must be current members of USHPA and a USHPA sanctioned club, or for non-US based pilots, have a valid IPPI card and temporary USHPA membership (required for insurance). You must be accompanied by a member, have signed and submitted an SPP waiver, familiarize yourself with, and conform to, all site rules and guidelines.*

## SUPPORT OUR SITES BY BECOMING A MEMBER:

*To become a member of Southern Para Pilots you must sign and submit a waiver and pay dues. Members have unlimited flying privileges, may participate in club competitions, and have voting rights. Dues allow all of us to continue to fly by paying for site insurance and site maintenance.*

*Yearly dues are \$60.00*

*\$30.00 for dependents of club members under the age of 18*

*\$30.00 for full-time students*

*\$30.00 for active duty and reserve U.S. military personnel.*

*Dues, and a newly signed waiver are due January 1st of each year. A new membership submitted after November 1st is considered fully paid and valid for the following year. Dues should be submitted with your waiver by check or PayPal ([SouthernParaPilots@gmail.com](mailto:SouthernParaPilots@gmail.com)).*

*We also ask that you consider a donation of \$10.00 (or more) to [The Cloud Base Foundation](#), an organization that truly deserves our support. Each year the total of all donations will be presented from the entire club. If you wish to participate, thank you. Just add the amount of your contribution to your dues check amount.*

**SOUTHERN PARA PILOTS**  
**RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK**

In association with any and all Paragliding and/or Hang Gliding activity or related activity in the air, on the ground, or otherwise (hereinafter collectively called "Sport Gliding Activities") on or surrounding any area pertaining to Sport Gliding Activities including Southern Para Pilots managed sites and any United States Hang Gliding and Paragliding Association (USHPA) insured sites specifically including but not limited to; Bell Mountain (Hiawassee, GA), Chilhowee (Benton, TN), Little Pisgah Mountain (Fairview, NC), Pigeon Mountain (Fayette, GA), SPP Flight Park (Carnesville, GA), Lake Hartwell (GA & SC), Walden's Ridge (Whitwell, TN), and Whitwell PG (Whitwell, TN) and for the benefit and protection of all landowners and/or stewards be they private individuals or State or Federal entities of the take-off or landing areas used for Sport Gliding Activities, as well as for the protection and benefit of United States Hang Gliding and Paragliding Association, Southern Para Pilots, and it's officers, agents, and members, or Rick Jacob, and Mike Eberhardt (all of the foregoing collectively referred to as "Released Parties") in consideration of utilizing the launch and landing areas, or any premises and equipment of any persons associated with said areas and engaging in Sport Gliding Activities, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

1. I acknowledge that Sport Gliding Activities are action sports and a recreational activity involving travel in three dimensions and that such activity is subject to mishap and even injury to participants and spectators. I understand I may suffer a broken limb, paralysis or fatal injury while participating in or in conjunction with or as a spectator of Sport Gliding Activities.  
(Initial here\_\_\_\_\_)
2. I hereby RELEASE AND DISCHARGE the Released Parties from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in Sport Gliding Activities, including, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.  
(Initial here\_\_\_\_\_)
3. I understand and acknowledge that Sport Gliding Activities have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN SPORT GLIDING ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.  
(initial here\_\_\_\_\_)
4. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in any Sport Gliding Activities.  
(Initial here\_\_\_\_\_)
5. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in Sport Gliding Activities.  
(initial here\_\_\_\_\_)
6. I will take full responsibility for, and hold harmless Released Parties for any injury that I may suffer or inflict upon others or their property as a result of my engaging in Sport Gliding Activities.  
(Initial here\_\_\_\_\_)
7. I agree that I will operate the said Paraglider or Hang Glider in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual.  
(initial here\_\_\_\_\_)
8. I have read and understand the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and also acknowledgement of the assumption by me of all risks arising out of my engaging in Sport Gliding Activities.  
(initial here\_\_\_\_\_)

9. I further represent that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk, shall continue in full force and effect for as long as I engage in Sport Gliding Activities which are in any way connected to or with the Released Parties. All released parties, whether known or unknown to me, are specifically intended to be third party beneficiaries to this instrument and shall be able to enforce this instrument.

(initial here\_\_\_\_\_)

10. I further represent that I am at least 18 years of age, or, that as the parent or legal guardian I waive and release any and all legal rights that may accrue to me or to my minor child as the result of any injury that my son or daughter (minor) may suffer while engaging in Sport Gliding Activities.

(initial here\_\_\_\_\_)

11. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk, is a contract pursuant to which I have released any and all claims against the Released Parties resulting from my participation in Sport Gliding Activities including any claims of negligence.

(Initial here\_\_\_\_\_)

**I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.**

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Print Your Name Here \_\_\_\_\_

I am a (check one) \_\_\_\_\_ Visitor \_\_\_\_\_ Visiting Pilot \_\_\_\_\_ SPP Member/Applicant

USHPA#: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ USHPA Rating: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the names of two emergency contacts, including phone and their relationship to you.

Emergency Contacts: \_\_\_\_\_

\_\_\_\_\_

Medications/Allergies: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian of Minor Child Under 18

\_\_\_\_\_  
Printed Name of Parent or Guardian