

Membership Application

(please print except for signatures)



www.leascoaring.com

Lake Elsinore Soaring Club
P.O. Box 317 Wildomar, CA
92595

(951) 492-2701

SOARING!

Membership Desired

Previous LESC Member

Full Junior Associate Service Temporary (I live outside SSA Region 12)

Other Club Affiliations: _____

Applicant Information (Please Print Clearly.)

Name _____

Home Address _____

City _____

Postal (Zip) Code _____

Home phone () _____

Work phone () _____

Mobile phone () _____

E-mail _____

Birthdate / / SSA Membership # Exp date

Flight Experience

I am a licensed pilot Yes No Certificate Number _____

Glider Ratings Student Private Commercial CFI-G

Power Ratings Student Private Commercial CFI Glider Tow

Signatures

Signature

Signature of Applicant _____ Date _____

Signature of Guardian _____ Date _____

Name of Guardian (please print) _____

Emergency Contact

Name _____ Relationship _____

Best Phone Number for Contact () _____

Aircraft Damage & Member Liability Policy

Members (or their guardian) accept financial responsibility for all damage to club aircraft due to fault or negligence, while operating or attempting to operate, up to the amount of \$500.00 for any one incident. **Note:** If there is previously unreported damage to an aircraft at the time of the next preflight, the assumption will be that the prior pilot was responsible for that damage and financial liability will be assigned accordingly. Always perform a complete pre-flight and post-flight inspection, reporting any damage in the airplane's squawk sheet. By signature below, the applicant (or guardian) acknowledges and agrees to the *LESC Aircraft Damage & Member Liability* policy above.

Signature

Applicant/Guardian _____ Date _____

Release and Waiver

(please print except for signatures)



Note To Guests

The LESC offers two kinds of orientation flight:

Your orientation flight grants you an Associate membership in the Lake Elsinore Soaring Club, which lasts for six months. You do not have to pay any additional fee(s) for this membership, and you may come out and fly with the LESC at any time, for the cost of the tow taken. Write mc@lescsoaring.com for more information.

Note

Basic Flight (about 25 minutes)

Cleveland Flight (about 40 minutes)

Please see our website for current prices.

Releasor Information

Name _____

Phone () _____

E-mail _____

How did you hear about us? _____

Provisions

1. INITIAL HERE: _____ I acknowledge that I have voluntarily applied to the Lake Elsinore Soaring Club, a California Non-Profit Corp., to fly in one of their sailplanes (glider) or towplanes, and/or have voluntarily accepted a ride or instruction.
2. INITIAL HERE: _____ I acknowledge that I may suffer severe injury or death from flying a sailplane or an aeroplane, whether flying as a student, passenger or while flying solo after receiving instruction.
3. INITIAL HERE: _____ I acknowledge that I am voluntarily flying in a sailplane or aeroplane with full knowledge of the risks involved.
4. INITIAL HERE: _____ I agree to accept any and all risks of my injury or death which may arise from flying in a sailplane or aeroplane, whether flying as a student, passenger or while flying solo after receiving instruction.
5. INITIAL HERE: _____ I release the Lake Elsinore Soaring Club and each and every member of that club from all liabilities, claims, demands, costs, or causes of action that I or my assignees, heirs and legal representatives may have for death, injury, or damages resulting in any way from flying in a sailplane or aeroplane whether flying as a student, passenger or while flying solo, including but not limited to, losses caused by passive or active negligence or hidden, latent or obvious defects on or around the airport or in the equipment used.
6. INITIAL HERE: _____ I have carefully read this agreement and fully understand its contents. I am aware that I am releasing the Lake Elsinore Soaring Club of any liability whatsoever and that this agreement is a binding contract. I sign this agreement of my own free will.

Signatures

Signature

Signature of Releasor _____ Date _____

Signature

Signature of Legal Guardian _____ Date _____

Name of Guardian (please print) _____