

Annual CUASA Member Application and Waiver

Pilot name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

USHPA Rating _____ **USHPA #** _____ **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 operating 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 Mid Utah Radio, 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, otherwise my membership is void. I agree to read, understand and abide by the sight rules for each CUASA site before I fly.

Pilot agrees to abide by all USHPA regulations and CUASA rules.

Pilot Signature _____ **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, or cash (\$35/yr, \$20/week, \$5/day) _____

CUASA Membership
240 West 200 South
Richfield Utah, 84701

Emergency Contact

Name _____ **Relationship** _____

Phone # _____ **Alt #** _____

Name _____ **Relationship** _____

Phone # _____ **Alt #** _____