

# MEMBERSHIP APPLICATION

## ROGUE VALLEY HANG GLIDING & PARAGLIDING ASSOCIATION

Welcome to the RVHPA. Membership is required to fly Woodrat Mountain (RVHPA also manages Whaleback & Walker). You must be a current USHPA member.

Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

USHPA # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**RVHPA Waiver Signed?** YES  NO

HG rating \_\_\_\_\_ appt.s/instructor rating \_\_\_\_\_

PG rating \_\_\_\_\_ appt.s/instructor rating \_\_\_\_\_

Signed off launch methods \_\_\_\_\_ Special skill signoffs \_\_\_\_\_

Glider make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Annual Membership:** Pilots living in Jackson, Josephine, Klamath & Siskiyou counties must join as Local

Local Pilot-Voting \$60  Visiting Pilot-Non-voting \$30  \$ \_\_\_\_\_

Donation for site improvements, wind socks, awards, etc.. \$ \_\_\_\_\_

**TOTAL PAYMENT AMOUNT** (write checks to RVHPA) \$ \_\_\_\_\_

I PLEDGE TO ABIDE BY THE BYLAWS OF THE RVHPA AND ALL USHPA REQUIREMENTS

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print & mail (include check & waiver) to: RVHPA, PO Box 1292 – Medford, OR 97501

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# ASSUMPTION OF RISK & RELEASE OF LIABILITY WAIVER

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Welcome to Woodrat Mountain! Woodrat is a USHGA insured site, as required by our launch and LZ landowners. As such, the Rogue Valley Hang and Paragliding Association (RVHPA) sets minimum pilot skill and safety standards and requires all pilots, including tandem co-pilots, to sign this waiver prior to flying this site. The RVHPA also strongly urges you to make a yearly donation of \$10.00 to help with site insurance and maintenance costs.

1. I, the undersigned, do hereby acknowledge that I have, of my own free will, requested permission to fly hang gliders or paragliders at Woodrat Mountain. I acknowledge that such flying involves certain inherent risks of personal injury and I realize the risk of personal injury or death is always present, as it is in all forms of aviation.

2. In accordance with the United States Hang Gliding Association (USHGA), I will always fly with protective clothing, helmet, and a functional emergency parachute in compliance with USHGA part 100.

3. I hold a USHGA part 104 pilot proficiency system rating of intermediate (H3, P3 ) or above.

IF NOT INTERMEDIATE (H3 OR P3) OR ABOVE, COMPLETE (A) OR (B) BELOW

(a) I am a H-2 or P-2 and have been released to fly at Woodrat MID-LAUNCH TOP-LAUNCH  
By USHGA instructor or observer: \_\_\_\_\_ USHGA # \_\_\_\_\_

(b) I have not been released for unsupervised flying at Woodrat and will only be flying there under the supervision of USHGA Instructor: \_\_\_\_\_

4. I acknowledge that the United States Government, including the Bureau of Land Management, the State of Oregon, Jackson County, Billy Joe Hunter and family, Delbert Jones and family, Meredith Cox and family, and other unnamed landowners are willing to provide me with permission to use their land only if I acknowledge the risk involved and knowingly release them from any and all claims which I , my family, heirs, assigns or personal representative might have on account of personal injury, death or other damage I might suffer while hang gliding or paragliding at or near the Woodrat Mountain flying site.

5. Therefore, I agree to release said property owners, as well as the USHGA and RVHPA , as stated above. In consideration thereof, they hereby give me, the undersigned, permission to use their property with the express right to revoke said permission at any time and for any reason whatsoever.

6. I am an adult in the state of Oregon, eighteen years or older, and of sound mind and body. In witness thereof, I have executed this agreement, (a parent must sign for a pilot under 18)

NAME (print) \_\_\_\_\_ USHGA # \_\_\_\_\_ RATING \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ Email \_\_\_\_\_

Mail to: RVHPA PO Box 1292, Medford, Oregon, 97501

Please include \$10.00 site insurance.