

MEMBERSHIP APPLICATION

ROGUE VALLEY HANG GLIDING & PARAGLIDING ASSOCIATION

Welcome to the RVHPA! Membership is required to fly Woodrat Mountain.
RVHPA membership is open to all current USHPA members.

Legal Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

USHPA # _____ Expiration Date _____

RVHPA Waiver Signed? YES NO

HG rating: _____ Appointments/instructor rating: _____

PG rating: _____ Appointments/instructor rating: _____

Signed off launch methods _____ Special skill signoffs _____

Glider: Make _____ Model _____ Color _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Annual Membership Levels:

Pilots living in Jackson, Josephine, Klamath & Siskiyou counties must join as Local Pilots. Pilots living outside these four counties may join as Visiting Pilots. Tandem pilots, instructors, and event organizers utilizing Woodrat Mountain must join as Commercial Pilots. Membership period is January 1 to December 31 each year.

Visiting Pilot (Non-voting) \$30

Local Pilot (Voting) \$60

Commercial Pilot (Voting/Non-voting) \$100

Annual Membership Dues \$ _____

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

TOTAL PAYMENT AMOUNT (make checks payable to RVHPA) \$ _____

I PLEDGE TO ABIDE BY RVHPA BYLAWS, SITE RULES, & ALL USHPA REQUIREMENTS

Signature _____ Date _____

Print & mail with check & signed waiver to: RVHPA, PO Box 1292, Medford, OR 97501

www.rvhpa.org

ASSUMPTION OF RISK & RELEASE OF LIABILITY WAIVER

Welcome to the Woodrat Mountain flying site! Woodrat is a USHPA 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. Additionally, all pilots flying Woodrat must be current USHPA members and RVHPA members and abide by posted flying site rules.

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 and Paragliding Association (USHPA), I will always fly with protective clothing, helmet, and a functional emergency parachute in compliance with USHPA part 100.
3. I hold a USHPA 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 pilot and have been released to fly at Woodrat Mountain MID-LAUNCH or TOP-LAUNCH by USHPA instructor or observer:
USHPA # _____
 - b. I have not been released for unsupervised flying at Woodrat Mountain and will only be flying there under the supervision of USHPA Instructor:
USHPA # _____
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 USHPA 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 age 18.)

Name (print) _____

USHPA # _____ Expiration Date _____ Rating(s) _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

Signature _____ Date _____