2027

Wenatchee Red Apple Flyers, Inc. Membership Application

5201 4th St. S.E., East Wenatchee, WA 98802

First Name: _____, Initial: _____, Last Name: _____

ADDRESS: _____, CITY: _____, STATE: ___, ZIP: _____

AMA NO.:_____, **HOME PHONE: _____, CELL PHONE: _____**

FAA UAS Cert Number:_____, E-MAIL ADDRESS:_____

Type of Membership (paid membership is valid for one year-Jan 1 thru Dec 31)

OPEN ($110) ___, SENIOR ($85) ___, FAMILY MEMBER ($10 EA) ___, JUNIOR (≤17) ($35) ____

I state that I wish to participate in course and/or activities offered by the Wenatchee Red Apple Flyers, Inc., Radio Control Model Flying Club, (hereinafter referred to as "**WRAF**"). I agree to comply with the AMA Safety Code for all applicable model or other operations on the property of or involving any activity pertaining to the WRAF. I also agree to comply with the WRAF Constitution and Bylaws, the WRAF Field and Safety Rules, and the current Airspace Authorization issued to the WRAF by the FAA.

I RECOGNIZE THAT ANY WRAF CLUB ACTIVITIES MAY INVOLVE CERTAIN DANGERS. I certify that I am aware of all the inherent dangers of WRAF club activities including, but not limited to: weather conditions, inexperience, accidents or illness in remote areas without medical facilities, the actions of any other members, any participants or any other persons, all of which may result in personal injury, including death, property damage or other losses.

In consideration for the right to participate in WRAF CLUB activities, I HEREBY RELEASE THE WRAF AND ITS DIRECTORS, OFFICERS, INSTRUCTORS, AND MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY WRAF CLUB ACTIVITIES AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE WRAF AND ITS DIRECTORS, OFFICERS, INSTRUCTORS, AND MEMBERS FROM ALL LIABILITY, CLAIMS AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN WRAF CLUB ACTIVITIES. The terms of this agreement will serve as a release and indemnity agreement for my heirs, personal representative, my guests, and for all members of my family, including minors.

I further state that I am (18) years of age or older and legally competent to sign this release, that I understand these terms are contractual and not mere recital, and that I have signed this document as my own free act. Parents or legal guardians must sign for all persons under eighteen (18) years of age.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WRAF MEMBERSHIP AGREEMENT BY READING IT BEFORE I SIGNED IT.

_____ _____

Signature of Applicant Parent of Guardian of Applicant 17 years of age or under must also sign above and assume liability for the applicant's actions

Date_____