



PIEDMONT SOARING SOCIETY, Inc.
DAILY MEMBERSHIP APPLICATION

NAME: _____
(first) (middle) (last)

ADDRESS: _____
(street) (city, state, zip)

PHONE NUMBER: (____) _____ **EMAIL ADDRESS:** _____

As a visiting pilot, I _____, SSA Number _____,
am requesting a Daily Membership to the Piedmont Soaring Society for the following date(s):

_____.

I have been presented with the PSS Bylaws, Standard Operating Procedures and Schedule of Fees. I have read and understood their purpose and agree with their content. I agree not to create or pursue any claims of liability against the Piedmont Soaring Society or it's members.

Signature of Applicant _____ **Dated** _____

As a prospective Piedmont Soaring Society member, I _____ have elected to participate in an introductory flight. I voluntarily assume all risks, known and unknown, however caused, even if caused in whole or in part by the action, inaction, or negligence of the released parties, to the fullest extent allowed by law. I agree not to create or pursue any claims of liability against the Piedmont Soaring Society or it's members.

Signature of Passenger _____ **Dated** _____

If applicant is under 18, signatures from both parents are required to comply with the consent and release of liability statement as per Bylaws Article IV section 4.

IF UNDER AGE 18: DATE OF BIRTH: ____/____/____ **AGE:** _____

Signature of Parent(1) _____ **(2)** _____

Give completed Application Form to the Field Operation Officer