

## **Membership Application**

Name		USHPA #	Expiration	n
E-mail				
Address	City		State	_Zip
Home Phone	Mobile Pho	ne		
Emergency Contact name	Phone			· · · · · · · · · · · · · · · · · · ·
Dues for local pilots are \$20 for membership through the en	nd of the current year.	No dues are required	d for visiting pilots.	
AFFIRMATION OF UNITED STATES HANG G WAIVER AND ASSUMPTION OF RISK AGRE USHPA CHAPTER				
Flight Under FAA Regulation "Part 103 is based ultralight vehicle has assessed the dangers inve FAA AC-103-7				
In consideration of being allowed to use the factorities (collectively the "Activities") province the reaffirm the United States Hang Gliding Assumption of Risk Agreement (the "USHPA Reapplicable to my participation in any and all Actoritions, of the USHPA Release are hereby in affirmation.	rided by Hawaii Pa And Paragliding A elease") previousl tivities of the USA	aragliding Associ Association (" <b>USI</b> y signed by me a <b>HPA Chapter</b> . Ea	ation (the " <b>USF</b> HPA") Release, and acknowled ach of the terms	HPA Chapter"), I , Waiver and ge that it is s, including the
I specifically acknowledge that the following per agents, spouses, employees, officials (elected of contractors, lessors and lessees, are also <b>REL</b>	or otherwise), mer	nbers, independe	ent contractors	, sub-
Hawaii Paragliding Association, and each of its managers;	members, employ	ees, agents, vol	unteers, officer	rs, directors, and
State of Hawaii, Department of Land and Natur Lands; City and County of Honolulu, Department Estate.				
This specification of certain <i>RELEASED PART</i> the scope of persons included within the definit made to give assurance to those listed here the <i>RELEASED PARTIES</i> in the <i>USHPA Release</i> .	ion of <b>RELEASEL</b> at they are include	PARTIES in the	USHPA Relea	ase. Rather, it is
"Ultralight Vehicles" includes powered and ur wings are types of paragliders.	npowered hang gli	ders and paragli	ders. Mini-wing	s and speed-
This affirmation in no way limits, restricts or nar signed by me.	rows the terms or	scope of the US	HPA Release p	oreviously
Participant's Signature	Date	Print Pa	rticipant's Nam	ne
Signature of Participant's Parent or Legal Guardian if Participant is under 18 years of age	Date	Participa	ant's USHPA N	umber