

## Permission to Use Land and Hold Harmless Agreement:

We the undersigned do willfully and without reservation enter the following agreement concerning the use of Private Land as an operating field for the specific ultralight aircraft.

After signatures are affixed hereon the first party (the landowner) agrees to allow the second party (the pilot) to use his/her land for the purpose of taking off and

	Signed by all Parties on	
Witness:_	(Print)	(Signed)
Pilot:	(Print)	(Signed)
	Landowners: Alan T., Mike & Michelle	Robinson
	Special Terms: Any flying or Activities on	said property
	Land Location: 8591 Hogan Dam Road, V	/S, CA 95252
landown	ne pilot forfeits his right and the rights of his fa er or his/her family, seeking punitive or other with the subject aircraft while operating from t	damages as a result of a
damage t blameless t which n recognizes and agree	for said permission the pilot agrees to accept to the landowner's property. Also, the pilot agrees are any damage to the aircraft or personal injuries result from the use of the aircraft to and fit that in all flight, there is an inherent amount of the set of hold the landowner blameless for any missing holes, rocks, trees, fences, animals or other defects in the aircraft, pilot error or actions.	rees to hold the landowner ry to the pilot or bystanders rom said land. The pilot of risk, and accepts that risk shap which may occur as a per irregularity in the land,
specified l	ssion is granted only on specific days or times by the landowner and is subject to be revised of said permission may be revoked at any time by without cause or notice.	at any time. Furthermore,
	landing with a model ult	tralight aircraft.



## Financial Responsibility for Equipment Damage:

The following costs will apply for equipment damage incurred during the student's training course when using school equipment.

Propellers:	\$230-\$250			
Redrive Damage: (prop damage can create seal damage on redrive):	\$75			
Nets:	\$80			
Frame Repairs:	\$50-\$300			
Cage Replacement:	\$275 (Quarter)			
	\$295 (Main Frame)			
Paraglider Repairs:	\$100-\$450			
Electrical Damage in Helmets:	\$50-\$200			
I, (the student), fully accept the responsibility for all equipment while training and will hereby cover these costs in the event I cause equipment damage during my training. I understand this is in addition to the cost of training. I hereby provide a bland signed check and authorize Paratoys to fill in these amounts in the event of damage.				

Drivers License: State \_\_\_\_\_Number\_\_\_\_\_

Date: \_\_\_\_\_

## HANG GLIDING, PARAGLIDING, FLYING ULTRALIGHTS AND/OR LIGHT SPORT AIRCRAFT RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

00110	and/or the	utilizing of the facilities, ground school, instruc				
equipm	ent of					
instruct	ging in the sport of Hang Gliding, Paragliding and, ion and related activities, (hereinafter collectively o , Waiver of Legal Rights and Assumption of Risk a	called "Flying"). I hereby understand and agre				
1.	I acknowledge that Flying is an action sport and recreational activity involving travel in three dimensions and such activity is subject to mishap and even injury to participants. I understand I may suffer a broken limb, paralysis or fatal injury while participating in the sport of Flying (Initial here).					
2.	I further acknowledge that there are no warranties applicable to the purchase, rental or lease of Flying equipment by me and that all warranties whether expressed or implied are excluded. THERE IS NO WARRANTY OF MERCHANTABILITY OR THAT THE SAID FLYING EQUIPMENT IS FIT FOR ANY PURPOSE, and that I am accepting the said Flying equipment as is and I hereby acknowledge that I will personally examine the said Flying equipment prior to my using of the same (Initial here).					
3.	I hereby RELEASE AND DISCHARGE MS Robinson Co, Inc. dba Paratoys, the State of the Town of, and their officers, directors, elected officials, agents, employees, instructors, pilots and owners of equipment and the land used for Flying activities (hereinafter collectively referred to as "Released parties"), from any and all liability, claims, demands or causes of action that I may hereafter have for injuries / damages arising out of my participation in Flying activities, including, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES (Initial here).					
4.	I understand and acknowledge that Flying activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN FLYING ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASE PARTIES (Initial here).					
5. Page 1 o	I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in Flying activities (Initial here).  e 1 of 2 as acknowledged by					
roge 2 -	I Z do atkisowiczgou by					
Sign	ature of Adult Participant	Name of Adult Participant (Please Print)	Date			
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have.		Name of Parent or Guardian (Please Print)	Date			
	······································	Name of Minor (Please Print)	Date :			

6.	I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in Flying activities. (Initial here).					
7.	I will take full responsibility for, and hold harmless Released Parties for any injury that I may suffer or inflict upon others or their property as a result of my engaging in Flying activities (Initial here).					
8.	I agree that I will operate the said Flying equipment in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual (Initial here).					
9.	I have read and understood the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and also acknowledgement of the assumption of liability by me of all risks arising out of my engaging in Flying activities (Initial here).					
10.	I further represent that this Release of Liability, Waiver of Legal Rights and Assumption of Risk shall continue in full force and effect for so long as I engage in Flying activities which are in any way connected to or with the Released Parties (Initial here).					
11.	I further represent that I am at least 18 years of age, or that as the parent or (adult) legal guardian, I waive and release any and all legal rights that may accrue to me, to my minor child or to the minor child for whom I am (adult) legal guardian, as the result of any injury that my minor child, the minor child for whom I am (adult) legal guardian or I may suffer while engaging in Flying activities (Initial here).					
12.	I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights and Assumption of Risks is a contract pursuant to which I have released any and all claims against the Released Parties resulting from participation in Flying activities including any claims by the negligence of the Released Parties by any of the undersigned (Initial here).					
	I HAVE READ THIS RELEASE OF LIA AND ASSUMPTION OF RISK AND FU					
	I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.					
This the	day of	. 20				
Sigr	nature of Adult Participant	Name of Adult Participant (Please Print)				
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have.		Name of Parent or Guardian of Minor Child (Please Print)				
		Name of Minor Child				

## DECLARATION OF FITNESS FOR HANG GLIDING, PARAGLIDING, FLYING ULTRALIGHTS AND/OR LIGHT SPORT AIRCRAFT

(Hereinafter collectively called Flying)

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Flying activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

Even if I have a health condition as stated above of which I may be unaware, by signing this form I still choose to participate in the Flying activity and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Flying activities, I will notify the instructor immediately.

I have read the above Declarations, understand them, and I agree to be bound by them.

	•		•
S/			
Signature of Adult Participant	Name of Adult Participant (Please Print)		Date
Address of Adult Participant		Phone #	
s/			I
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)		Date
Address of Parent or Guardian		Phone #	
Name of Minor (Please Print)		-	Date
If you cannot sign the above declaration beca	use of any of the above cond	litions, you mu	st notify the
Instructor immediately commencing any activ	•		
Attention of the Instructor/Authorized Inst	ured Only (Counter-sign upon full	and correct corr	ipletion)
S/			
Counter-Signature of Authorized Insured Nam	ne of Authorized Insured (PLEAS	SE PRINT)	Date

Form 323 (0507)