FAA Takeoffs and Landings Clinic

Grant County Airport (KSVC)

REGISTRATION FOR FLIGHT EVALUATION

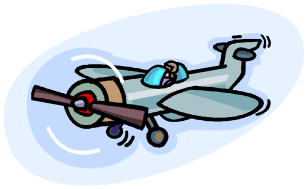
This form and the release form must be completed for every participating pilot and aircraft for the Flight portion of the clinic.

Date: _____

Pilot Name: _____ **Evaluator:** _____

Address: _____

Pilot Proficiency Verification:



Pilot Certificate # _____

Highest rating held: _____

Medical Certificate (✔) _____

Current Flight Review (✔) _____

Passenger Carrying Currency (✔) _____

Aircraft Documents and Records Checklist

Aircraft N-Number _____ Colors _____

Aircraft Make and Model: _____Year _____

- ____ Airworthiness Certificate
- ____ Aircraft Registration (FAA)
- ____ State Registration
- ____ Operating Limitations and Instructions
  (Placards; FAA Approved Airplane Flight Manual; weight and balance)
- ____ Aircraft check list(s) on board
- ____ Annual inspection or 100-hour inspection current
- ____ Aircraft Passenger Liability Insurance current for the aircraft used

I hereby certify that the above information is <u>true and correct</u> concerning listed pilot and aircraft N-_____ as of date: _____.

Pilot Signature: _____

FAA "Takeoffs and Landing Clinic", Grant County Airport, May 2010

Covenant Not to Sue, Liability Release, and Assumption of Risk Agreement

Participant's Name:	**Pilot Certificate #:**

I, _____, hereby affirm that I am aware that flying and activities associated with flying have inherent and unforeseeable risks which may result in serious injury or death. I understand and agree that neither the New Mexico Pilot's Association (NMPA), Grant County Pilot's Association (GCPA), or the flight instructors and sponsors participating in the FAA "Takeoff and Landing Clinic" activities, nor any of their respective officers, agents, contractors, or assigns, (hereafter referred to as "Released Parties") may be held liable or responsible in any way for any death or injury to my person, or for any loss for damage to my property, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in flying aircraft, flying in aircraft, flight instruction, aircraft operations, ramp operations, or any associated activities involved with this FAA "Takeoffs and Landings Clinic", (hereafter referred to as "Flight Activities"), or as a result of the negligence of any party, including the Released Parties, whether passive or active. I further agree not to sue on any such cause or claim.

In consideration of being allowed to participate in Flight Activities, I hereby personally assume all risks of Flight Activities, whether foreseen or unforeseen, that may befall me while I am participating in these activities. I further release, exempt, indemnify, and hold harmless the Released Parties from any and all liability, including, but not limited to, any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in Flight Activities including both claims arising during any course of training or skills evaluation. It is my intention that this agreement be interpreted and enforced to the maximum extent allowed by New Mexico law.

I also understand that Flight Activities are physically demanding and that I must seek the ongoing care of a licensed and authorized Aviation Medical Examiner and that I will not hold Released Parties responsible for events resulting from my physical condition, limitations, or incapacitation.

I further state that I am of lawful age and legally competent to sign this liability release or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not merely recital and that I have signed this document of my own free act and with the knowledge that I hereby waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision may be severed from this agreement; however the remainder of this agreement shall then be construed as though the unenforceable provision had never been contained therein.

I, _____BY THIS INSTRUMENT AGREE TO INDEMNIFY, EXEMPT AND RELEASE THE NEW MEXICO PILOT'S ASSOCIATION, THE GRANT COUNTY PILOTS ASSOCIATION, THE FLIGHT INSTRUCTORS, EVENT SPONSORS, AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ANY AND ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature	**Date**
Parent or Guardian's Signature (If Applicable)	**Date**
Witness Name and Signature	**Date**