

TENNESSEE TREE TOPPERS (TTT) MEMBERSHIP APPLICATION

***** **All fields in red (marked with **) are required** *****

You have two options to submit this form:

1. Complete this form and submit it (with payment) directly to a TTT Board Member and have them sign as your witness. Your membership will become effective immediately and you will receive your membership sticker in the mail at a later date.

OR

2. Complete this form, have any adult sign as a witness, and mail it with payment to: Tennessee Tree Toppers P.O. Box 1286 Dunlap, TN 37327. Your membership will become effective when the TTT has received and processed your application and payment. Your membership sticker will be sent in the mail. Until you have received your membership sticker in the mail, you may not fly at any Tennessee Tree Topper sites. Putting your application in the drop box is the same as mailing it in.

Name**: _____ Address**: _____

City**: _____ State**: _____ Zip**: _____ Country**: _____

Your Phone #**: _____ Your Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Authority of Medical Directive: _____ And Phone # _____

USHPA #**: _____ USHPA Rating**: _____ USHPA Expiration Date**: _____

Membership Type (check one)**:

Life \$1000 5-Year \$400 Annual \$100 Family \$50 (per additional member) 3-Day \$25 1-Day Tandem \$5

In consideration for being permitted to use the facilities and equipment of the Tennessee Tree Toppers, Inc., hereinafter referred to as the TTT, and to engage in the sport of hang gliding, solo and/or tandem instruction, and other related activities, (hereinafter collectively referred to as Hang Gliding Activities), I hereby agree as follows:

Initial Here**	I (print name) _____ hereby RELEASE AND DISCHARGE the United States Hang Gliding and Paragliding Association and any of its members, the cities of Dunlap, TN and Whitwell, TN, any owners of land where Hang Gliding Activities are conducted, the TTT Board of Directors, TTT members, and TTT designees (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 and damages arising out of my participation in Hang Gliding Activities including, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
Initial Here**	I further agree that I will not sue or make claim against the Released Parties for damages or other losses sustained as a result of my participation in Hang Gliding Activities.
Initial Here**	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 the Tennessee Tree Toppers Membership Application and/or Hang Gliding Activities.
Initial Here**	I understand and acknowledge that Hang Gliding Activities have inherent dangers that no amount of care, caution, instruction or experience can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN HANG GLIDING ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES .
Initial Here**	I have been advised and recognize that my Hang Gliding Activities are not covered by any personal accident or general liability insurance policy issued to the Released Parties.
Initial Here**	I hereby expressly recognize and accept that this Agreement-Release of Liability is contract pursuant to which <i>I have released any and all claims</i> against the Released Parties resulting from my participation in Hang Gliding Activities, including any claims caused by the negligence of the Released Parties. I further agree to abide by all of the TTT rules and Flight Regulatory Program (FRP) and to report any noncompliance of these regulations to a TTT official. I have received a copy of the TTT Bylaws, Site Guide, and Flight Regulations defined in the FRP. I HAVE READ THIS AGREEMENT - RELEASE OF LIABILITY IN ITS ENTIRETY OR HAVE HAD IT READ TO ME, FULLY UNDERSTAND AND AGREE TO ALL OF ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.

Your Signature**: _____ Your Printed Name**: _____ Date: _____

Witness Signature**: _____ Witness Printed Name**: _____ Date**: _____

Witness Address**: _____