



Grafton Gliding Club Inc.

CLUB MEMBER APPLICATION / RENEWAL (2023)

Mr/Mrs/Ms Surname First Name

Preferred name..... Occupation Date of Birth

Residential Address Postcode

Postal Address..... Postcode

Home phone Work phone Mobile

Email.....

Membership type – Ordinary (Adult) Pensioner 3 month Student Family

WARNING

Gliding as with any flying activity can be **DANGEROUS**. Any person participating in the sport of gliding or learning to glide or participating in the activities of Grafton Gliding Club Inc (GGC) or the Gliding Federation of Australia (GFA) does so entirely at their own risk. It is a condition of admission to Membership and renewal of Membership of the GGC and the GGC, that its office bearers, committee persons, members, servants or agents are absolved from all liability however arising for injury or damage however caused (and whether fatal or otherwise) arising out of membership of the GGC or participating in gliding, learning to glide, flying in any aircraft being used for or in connection with gliding or in any manner due to negligent act or omission, breach of duty or default on the part of the GGC, its office bearers, committee persons, members, servants or agents. Any person participating in the sport of gliding, learning to fly, flying in any aircraft being used for or in connection with gliding or any activity carried on by the GGC is only permitted to do so on the clear understanding that this occurs entirely at their own risk.

I have read (or have had read to me) and understood the warning above.

I wish to apply for/renew membership of the Grafton Gliding Club Inc., and if accepted, agree to abide by the Rules of the Club. I am over the age of 18 years of age OR I am the parent/Guardian of the applicant who has my permission to undertake gliding flights.

I understand that as a condition of taking part in the flying activities of the Club, members are required to apply for/renew membership of the The Gliding Federation of Australia (separate application) and to complete a declaration of physical fitness, and may be required to supply a medical certificate of fitness to fly a glider.

GFA No. Application No. Date

Signature Print full name if Parent

I have witnessed the signature above and am satisfied that the applicant understands the warning above.

Print full name. Signature Date

CFI Treasurer Secretary