



HOUSTON SPORT FLYERS

MEMBERSHIP APPLICATION

PLEASE PRINT

Name: _____

Email: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

AMA Membership # _____

I hereby agree to comply with all AMA SAFETY CODES, HARRIS COUNTY AND HOUSTON SPORT FLYERS Inc. field safety rules for all model aircraft operations at the HSF Schiveley Field. I further agree to uphold the By-laws and constitution of and abide by the standing rules of the HSF Inc. and to any changes or amendments that may be passed by the club during my membership term. I understand that as a condition of membership, my failure to comply with all applicable SAFETY and FLYING RULES and/or failure to conduct myself in a Gentlemanly/Ladylike manner could result in revocation of my membership (without refund). I agree to provide, in writing, a written incident report detailing any instance of bodily injury or property damage to both HSF and AMA within 30 days of said occurrence. I am aware that model aircraft operation presents hazards and I EXEMPT AND HOLD HARMLESS, HSF; it's OFFICERS AND MEMBERS and HARRIS COUNTY from all liability including personal injury, property damage, or death caused by my guest's actions, or me or otherwise on this property.

APPLICANT

SIGNATURE: _____ DATE _____

In case of Emergency, Please contact:

#1 _____ PHONE: _____

#2 _____ PHONE: _____