



FRIENDS OF ARMY AVIATION 2020 Membership Drive

Credit amount paid _____
Cash amount paid _____



Date: _____

Name: (PRINT) _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

E-mail: _____

I would also like to have the following minors included with my membership. I understand that children 14 years of age and under must have a parent/guardian accompany them on the aircraft. Ages 15-17 may ride without an adult but must have their parent/guardian permission.

I have included payment for each minor listed below.

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership: _____ Annual (\$50.00/person) _____ Life (\$150.00)

Payment Method: _____ Cash _____ Credit Card

How did you hear about the helicopter rides? Facebook Internet News Media Other _____

ASSUMPTION OF RISK AGREEMENT AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned intends to be an "active member" and participate in the variety of activities supporting the operations of the Friends of Army Aviation (FOAA). These activities include both ground support operations (typical activities include but are not limited to: administrative activities, ground handling aircraft, aircraft maintenance, operating ground vehicles and equipment, hangar and support equipment maintenance, special effects preparation and layout, working in the vicinity of hazardous material, equipment or flying in aircraft (standard and experimental category) at the facilities and ramps at Blackwell Field, at public presentations and related facilities away from Blackwell Field and being a passenger or crewmember aboard FOAA aircraft. I understand that I should not support FOAA operations on the ground or in the aircraft unless I am medically and physically fit to do so and have been independently properly trained to be an "active member." I will not participate in support activities, either ground or air, unless the foregoing conditions have been satisfied. I acknowledge that any training provided by FOAA is designed to supplement a base knowledge and that the "active member" is responsible for the due diligence to ensure competency in support activities he or she is involved in.

I assume all risks associated with being a passenger flying in the aircraft, including but not limited to, weather related events, failure of the mechanical features of an aircraft, air traffic related events, pilot negligence, and any and all conditions of the airport, air or aircraft and I acknowledge that all such risks are known to me and appreciated by me. Having read this waiver and knowing, considering, and appreciating these facts and risks, and in consideration of my behalf and on behalf of my heirs, successors and assigns, I do hereby waive and release the Friends of Army Aviation (FOAA) and their agents, representatives, directors, officers, volunteers, members and successors, from all claims or liabilities of any kind arising out of my flight in the aircraft, including without limitation and any personal injuries, death or damage to property which I may incur, even though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver and release.

I warrant that I am 18 years of age or older and of sound mind as of the date hereof and competent to knowingly execute and deliver this instrument. This instrument shall remain in effect unless revoked through a writing signed by the undersigned and delivered to an officer of the Friends of Army Aviation (FOAA) thirty (30) days in advance of its effective date. I will adhere to the FOAA COVID-19 social protocol guidelines as mandated by the CDC and the Governor of the State of Alabama to both the working members and the public attending.

I assume all risks as outlined above for all minors listed on the reverse side of my membership application.

This the _____ day of _____, 20__

Printed name of Member

Signature of Member

Witness (FOAA Member)

Emergency Contact Information (someone who will not be flying with you):

1st Person to Contact _____ Phone Number _____

2nd Person to Contact _____ Phone Number _____