

## American Airlines Sailing Club (AASC) -- Application for Membership

Name: \_\_\_\_\_ AA EMP# \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ (Alternate): \_\_\_\_\_

Email address (required): \_\_\_\_\_

AA Group Employee or Retiree    Spouse of Employee Member    Member Sponsored

AA Group or Sponsoring member: \_\_\_\_\_

Do you own a sailboat? \_\_\_\_\_ If yes, what type \_\_\_\_\_

Do you want your contact information available to club members? \_\_\_\_\_

### **PROSPECTIVE AMERICAN AIRLINES SAILING CLUB MEMBER:**

This release acknowledges that I accept responsibility for my involvement (and the involvement of family members) in all activities sponsored by the American Airlines Sailing Club. My participation in these activities is voluntary. I understand that there may be physical hazards inherent to the sport of sailing and I have consent from my physician. I hereby release and hold harmless from any liability the Officers and/or general membership of the American Airlines Sailing Club, AA Group, its subsidiaries, and its Officers, employees, or agents, the University of Dallas, and the owners of any boats being operated by the American Airlines Sailing Club. I understand that I must have adequate medical insurance coverage for myself (and family members) prior to becoming a member of the American Airlines Sailing Club. I agree to abide by the By-laws, Club Rules, and Standard Operating Procedures of the American Airlines Sailing Club. I understand that failure to do so could result in termination of my membership.

I have read all of the above information and have completed the form with correct information. I also understand that completion of this form does not necessarily constitute membership in the American Airlines Sailing Club. Membership will be approved by the Executive Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dues:            **Regular Membership = \$60**  
                    **Spouse/Dependent = \$30**

**Please return completed application with check to: a club meeting or send to this address.**

**Bob Josch, AASC Treasurer**  
**3519 West Bangor Court**  
**Irving, TX 75062**

For office use:  Signed application and liability 3 pages    Membership dues received.

Ver.Mac2018

**American Airlines Sailing Club (AASC)**

**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS  
AND  
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in water sport events and activities and/or being provided with water sport recreational property or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns:

- 1. ACKNOWLEDGMENT OF RISKS.** Acknowledge that some, but not all, of the risks of participating in the water sport activity include: (1) Changing water flow, tides, currents, wave action and ships' wakes; (2) Collision with any of the following: other participants, the watercraft, other watercraft, and manmade or natural objects; (3) Wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature; (4) My sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; (5) Collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia, and/or drowning; (6) The presence of insects and marine life forms; (7) Equipment failure or operator error; (8) Heat sun related injuries or illnesses, including sunburn, sunstroke or dehydration; (9) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.
- 2. EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** Agree to assume responsibility for all the risks of the activity, whether identified above or not, (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). My/our participation in the activity is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).

I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in the activity or riding in any watercraft.

- 3. RELEASE.** I hereby release American Airlines Sailing Club, University of Dallas, AA Group and its subsidiaries, its principals, directors, officers, agents, employees and volunteers, their insurers and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted ("owner") and their insurers, if any, (Collectively Releasees) FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS as a result of my/our participation in the activity, EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE, OR ANY OTHER PERSON (INCLUDING MYSELF).

**I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE, OR THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.**

Participant's Name (printed)\_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact: \_\_\_\_\_

List any known allergies to plants, insects or medications (if more space is required, attach extra pages)

\_\_\_\_\_

If participant is under 18, the parent or legal guardian must also sign:

\_\_\_\_\_  
Guardian's Signature