



WAIVER
Montreal Soaring Council Wave Camp 2005
Lake Placid, New York - Sept. 17 - Oct.30, 2005

WITNESS THAT:

In consideration of your accepting my application for glider tows or acting as pilot in command in MSC aircraft in the above named Wave Camp, the undersigned **HEREBY WAIVES** any and all manner of claims, demands, actions, causes of action (at law or in equity) and any damages which might arise there out, which I, my heirs, executors, administrators, successors and assigns may be entitled to or have against the Montreal Soaring Council, its Directors, Officers, members, agents and representatives; for and in respect of any and all injuries to and damage suffered by myself, any member of my crew or the sailplane and equipment including tow vehicle(s) and other personal property being utilized by me in the said Wave Camp, and agree to save and hold harmless any and all of the aforementioned entities or persons of, from and against any and all claims, demands, damages, actions, causes of action arising out of or resulting from damage of property or injury suffered by any person, firm or corporation by reason of the participation of myself or any member of my crew in the said Wave Camp.

In addition to the above, I **HEREBY CERTIFY** that:

- I. The sailplane is current and will remain so throughout the event, all valid documentation required by Transport Canada (T.C) or the Federal Aviation Administration (F.A.A.) if a United States registered sailplane, will be carried on board at all times, and the sailplane will be flown within all the current flight limitations set by T.C. or the F.A.A. if a U.S. registered sailplane, and the manufacturer / kit designer.
2. All my personal flight documentation and license are current and will remain so throughout the event.
3. I have a currently packed and certified parachute and that it will be worn on each flight.
4. I have read and I understand the rules for the Montreal Soaring Council Wave Camp before flying, and will follow the operations and radio communication procedures.

Dated at _____ this _____ day of _____ 2006

Signature _____ Print Name _____

Witness _____ Print Name _____