



## Member Registration Packet

Please read and complete all five pages of this packet. This packet must be fully completed and accurate for your participation in any of our programs. Once finished, please give it to any CAC/CAA instructor. If you have any questions, please contact your program instructor.

### Member Information:

Full Legal Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_@\_\_\_\_\_.

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### Parent Contact Information: (Required for all members under the age of 18)

Parent Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_@\_\_\_\_\_.

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### In case of emergency, please provide an alternate contact:

Alternate Contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Contact Phone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

By signing below, I indicate that I have fully read, understand and agree to the "How We Fly..." packet. (available online at [www.centennialaviationclub.com](http://www.centennialaviationclub.com) and/or [www.centennialaviationacademy.com](http://www.centennialaviationacademy.com)). I further understand that all liability and release information contained in this agreement is legal and binding unless otherwise changed and signed in writing.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**CENTENNIAL AVIATION CLUB, LLC.**  
**also doing business as Centennial Aviation Academy**

**AGREEMENT TO WAIVE ALL CLAIMS, LIABILITY, ASSUME RISK, AND INDEMNIFY**  
I, the undersigned (the student – if under 18 then also the parent), have the authority to enter into this agreement, in exchange for being allowed to take part in this or any other flight/activity. I, the undersigned, agree to this contract as follows:

**AGREEMENT TO WAIVE LIABILITY AND NOT TO SUE**

I release and discharge the Centennial Aviation Club, Centennial Aviation Academy, Rohan Krishan Bhatia, and all the instructors, directors, members, chapters, employees, agents, divisions, affiliates, and volunteers (including pilots, owners and operators of airplanes used during any event/flight) of each of those corporations ("CAC"), and any other persons or entities claimed or deemed to be liable from, and agree not to sue CAC for, any and all claims against CAC for, any injury or death arising from the participation in any flight/activity. This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of CAC, other than those resulting from the gross negligence or willful misconduct of CAC.

**ASSUMPTION OF RISK**

I understand that flying in airplanes and being around airplanes involves risks. Serious injury or death can result from many causes, including but not limited to airplane crashes, falls, pilot error, ground crew error, engine or mechanical failure, negligent maintenance, defects in runways, interference by birds and other objects, weather conditions, contaminated fuel, or hard or forced landings. Injuries could include, but are not limited to, minor injuries such as bruises, scratches and sprains; major such as eye injuries, broken bones and concussions; or catastrophic such as paralysis, severe burns, or death. I assume all risks and full responsibility for any injury or death arising from taking part in any activity/flight.

**INDEMNIFICATION**

I agree to indemnify and hold CAC harmless from any claims, costs, damages, and liabilities, including attorney's fees, arising from taking part in any flight/activity. This duty to indemnify and hold CAC harmless applies even if CAC is negligent and even if the negligence of CAC is as the sole proximate cause: however, indemnification of CAC is not required if CAC is grossly negligent or has engaged in willful misconduct.

**LEGAL ADVICE**

I know that I can talk to my legal advisor about this Agreement and I have either done so or chosen not to. I understand that I have the right and have been given the opportunity to object to the provisions of this Agreement. I am voluntarily signing this Agreement and intend it to be the perpetual, unconditional release of all liability to the greatest extent allowed by law. Before signing, carefully read this entire agreement.

Note from CAC: If an accident were to occur, you would be giving up legal rights and incurring legal liabilities. If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. If you do not understand anything in this Agreement, you should not sign it and you should talk to your legal advisor.

**Legal Address of Participant:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/ Legal Guardian (If under 18)**

**Printed Name of Parent/ Legal Guardian (If under 18)**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Student/ Enrolling Member**

**Printed Name of Student/ Enrolling Member**

**Sworn to and subscribed before this** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_ **Notary Stamp: →**



\_\_\_\_\_ **(Notary Public) My Commission expires:** \_\_\_\_\_

**CENTENNIAL AVIATION CLUB, LLC.**  
**also doing business as Centennial Aviation Academy**

**Photography/Video Consent Form**

I hereby grant the Centennial Aviation Club, LLC., its representatives, and employees the right to take photographs/videos of me and my property in connection with any club sponsored event. I further authorize the Centennial Aviation Club, LLC., its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the Centennial Aviation Club, LLC. may use such photographs/videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and online content.

I have read and understand the above:

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Member's Signature \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CENTENNIAL AVIATION CLUB, LLC.**  
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**Medical Liability Release Form**

(THIS MEDICAL RELEASE FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED)

**DIRECTIONS:** Due to legal restrictions, it is necessary that all members complete this form to be eligible to attend any and all Centennial Aviation Club, LLC., (herein after known as "CAC") events.

**PLEASE PRINT ALL INFORMATION**

*Member Information*

Full Legal Name: \_\_\_\_\_

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

Parent/Guardian/Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, complete the following information:**

Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please completely describe any medical condition which may recur or be a factor in medical treatment:**

a. Allergies: \_\_\_\_\_

b. Convulsions: \_\_\_\_\_

c. Blackouts: \_\_\_\_\_

d. Heart/lung problems: \_\_\_\_\_

e. Physical Handicap: \_\_\_\_\_

f. Medicine Reactions: \_\_\_\_\_

g. Disease of any kind: \_\_\_\_\_

h. Other (be specific): \_\_\_\_\_

**If currently taking medication, please provide the following information:**

Name of medication(s):

\_\_\_\_\_

Prescribing Physician/Phone Number:

\_\_\_\_\_

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**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage at all times during any CAC sponsored event. I release and discharge the Centennial Aviation Club, Centennial Aviation Academy, Rohan Krishan Bhatia, and all the instructors, directors, members, chapters, employees, agents, divisions, affiliates and volunteers (including pilots, owners and operators of airplanes used during any event/ flight) and each of those corporations from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**MEMBER/PARENT/GUARDIAN:** Please check the box following and sign your name.

By checking this box, I give my permission for my (or my child's) immediate medical treatment as required in the judgment of the attending physician or authorized instructor, and at the discretion of CAC instructors or volunteers. I also agree to fully cover any and all associated costs and fees. Notify me and/or any persons listed above as soon as possible.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*END OF MEMBER REGISTRATION PACKET\*\*\*\*\*