WRIGHT FLYERS

MEMBERSHIP APPLICATION
YEAR _____

Name:
Street:
City, State & Zip:
Date of Birth:
Phone Number:
AMA Number:
FAA Number:
FAA *TRUST* Number:
E-Mail Address:
MEMBERSHIP FEE IS $100.00
All new members must pay a one-time Field Maintenance fee of $40.00
Make checks payable to: WRIGHT FLYERS CLUB
Mail To: Wright Flyers P.O. Box1277 Ellicott City, MD 21041

Sign and date the Indemnification Statement on the back of this form.

Rev-1 2025



1. I acknowledge that all information submitted on this Wright Flyers Membership Application is accurate and current.
2. I acknowledge that operation of radio controlled vehicles can be hazardous and present a risk of physical injury or death. I understand those risks and voluntarily choose to participate in the activities at the Wright Flyers' field and expressly assume all risks and dangers of the activity and the possibility of personal injury, death, property damage and loss resulting therefrom, whether or not, known or unknown, inherent or otherwise.
3. I expressly acknowledge that I understand all Wright Flyers Club rules and all applicable safety regulations of participation in the activities at the Wright Flyer's field.
4. I am responsible for understanding and complying with all AMA safety guidelines, FAA Rules and Regulations.
5. In consideration for allowing membership in the Wright Flyers Club and participation in activities at the Wright Flyers' field, I agree, to the greatest extent permitted by law, for myself and any guest I bring to the field, to waive any and all claims against and to hold harmless, release, indemnify, and agree not to sue, the wright flyers club, its officers, members and Baltimore County (property owner) regardless of fault.

Name (Print) _____

Signature _____ Date _____