

Intro Pilot Program Student Registration

Club Number 740	Instructor AMA Membership Number	
First Name	Last Name	
E-Mail	Home Phone	
Address line 1		
Address line 2		
City	State	Zip Code
Birth Date (month, day, year)	Date of First Session	

Safety Code Compliance, Waiver and Release of Liability Statement:

- “I agree to comply with the AMA Safety Code for all applicable model operations. I understand that my failure to comply with the Safety Code will result in failure of liability coverage for any damages or claims so caused. I further understand that written notice of the occurrence of any incident must be immediately provided.”
- “I am aware that modeling may present hazards to participants and spectators. I exempt, waive and relieve the Academy of Model Aeronautics, Incorporated (AMA), the Des Moines Modelaires and all its members involved in the training program from all current or future liability for personal injury, property damage or wrongful death caused by negligence.”
- Note: This waiver means that if I am involved in any claim or suit, I will not sue the AMA, Inc, the Des Moines Modelaires and all its members involved in the training program. I understand that this waiver doesn't affect my liability coverage.
- **I understand that any incident while participating in the training program is covered by my personal liability insurance policy and secondarily by the AMA (Academy of Model Aeronautics) insurance program for 90 calendar days from the date of my first lesson**

Signature	Date
Signature of Parent or Guardian if under 18 years of age	Date