



Hang Gliding and Paragliding Association of Canada

#302 – 5628 Birney Avenue, Vancouver, BC V6S 0H7 admin@hpac.ca 1-877-370-2078

APPLICATION FOR MEMBERSHIP and MEMBERSHIP RENEWAL

HPAC & Provincial Association Membership Fees: Includes \$5 million third-party liability insurance, valid world-wide.

Select one: (The HPAC/ACVL collects Provincial Membership fees on behalf of Provincial Associations. This mandatory fee is set by the Provincial Associations.)

- \$160 - Manitoba, Saskatchewan, Nunavut, Northwest Territories, Ontario, and out-of-Canada residents (no provincial association)
- \$175 - Maritimes, Alberta, British Columbia, Yukon; includes \$15 provincial fee for HPAAC, AHPA, BCHPA or AYPH
- \$185- Québec; includes \$25 provincial fee for AQVL

NOTE: Payment by cheque or postal money order made out to HPAC must be included with application form and waiver and mailed by Canada Post to the HPAC Office.

New Member? Yes No

Check appropriate: HG Pilot PG Pilot

If “No” above, **HPAC/ACVL Membership #** _____ (required if you are currently or have ever previously been a member)

Non-Rated New Member Instructor Sign-Off: All new unrated applicants must get the prior approval of a current certified HPAC Instructor to certify that they are under active instruction and supervision by that instructor, or that they have been approved by that instructor to fly unsupervised safely while preparing for a minimum Novice rating in hang gliding or paragliding.

Instructor Name: _____

Instructor HPAC/ACVL #: _____

Foreign Rating (if no HPAC rating yet): **HG:** _____ **PG:** _____

Country: _____ Association & Membership #: _____ Date (Y-M-D): _____

Foreign-rated new members should submit their foreign documentation to an HPAC-certified instructor for an in-person review and flight and written test. The HPAC-certified instructor can then submit an HPAC equivalency rating at their discretion. A copy of the foreign rating certification must be sent in by the HPAC instructor reviewing the rating and assigning an HPAC rating.

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Country: _____ Club/School: _____

Gender: Male Female Language (en/fr): _____

Phone: _____

Date of Birth (Y-M-D): _____ Email: _____

Emergency contact: First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

It is MANDATORY to carry third-party liability insurance to fly most sites in Canada. HPAC/ACVL Liability Insurance is only available to members of the HPAC/ACVL.

Did you have an accident or incident in the past year that was not reported? Yes No If “Yes”, email safety@hpac.ca to report it.

I ACKNOWLEDGE THAT THIS FORM IS AN APPLICATION FOR MEMBERSHIP, INCLUDING LIABILITY INSURANCE, AND THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT.

Date (Y-M-D): _____ Signature: _____



HANG GLIDING AND PARAGLIDING ASSOCIATION OF CANADA

RELEASE, WAIVER, INDEMNITY, and ASSUMPTION OF RISK

DEFINITION of "Hang Gliding":

All activities or programs associated with the preparation for and participation in unpowered flight of a hang glider or paraglider, including training, instruction, tandem flights, recreational flying, competitions, fly-ins, clinics, towing programs, advice or representations by certified HPAC/ACVL instructors in good standing pertaining to, and/or the provision of, and/or sale of, hang gliding and/or paragliding equipment, or other events.

DEFINITION of "Releasee":

The owners, lessors, and occupiers of land upon which Hang Gliding occurs, whether or not they have granted permission for the use of their property for Hang Gliding, and **The Hang Gliding and Paragliding Association of Canada also known as Association Canadienne De Vol Libre ("HPAC" or "ACVL")**, all clubs comprised primarily of HPAC members or Hang Gliding schools in which all instructors are certified by HPAC, The Aeroclub of Canada, The Federation Aeronautique Internationale and its Commission Internationale de Vol Libre, and their respective officers, directors, representatives, employees, volunteers and members, all HPAC/ACVL certified instructors in good standing, and any and all other persons, corporations, partnerships, societies, clubs or other forms of business organizations or entities, acting in any capacity whatsoever, in the provision, promotion, organization, production, facilitation, and operation of Hang Gliding, and Meet Directors of HPAC/ACVL sanctioned competitions and their designated volunteers.

IN CONSIDERATION FOR being permitted to participate in Hang Gliding I, _____ release and discharge Releasee from all liability. I waive as against Releasee all recourses, claims, causes of action of any kind whatsoever, in respect of all personal injuries or property losses, specifically including, but not limited to, any claims for loss of income, which I may suffer arising out of or connected with, my preparation for, or participation in Hang Gliding, notwithstanding that such injuries or losses may have been caused solely or partly by the negligence of the Releasee.

I KNOW and I ADMIT as incontestable fact(s) that:

- Hang Gliding is **very dangerous, exposing participants to many risks and hazards**, some of which are inherent in the very nature of the sport itself, others which result from human error and negligence on the part of persons involved in preparing, organizing and staging of Hang Gliding activities;
- As a result of those risks and hazards, **I as a participant may suffer serious personal injury, disability, and even death, as well as property damage or loss;**
- Some of the risks and hazards are foreseeable, others are not;
- I freely and voluntarily assume all risks and hazards of my participation in Hang Gliding.** My preparation for, and participation in Hang Gliding is **entirely at my own risk. I am solely responsible for my own safety;**
- I do NOT have any pre-existing medical condition(s), including but not limited to, heart conditions, high or low blood pressure, asthma, panic disorders, separated shoulders, joint issues, torn ligaments and/or severe allergies, or if I do have such condition(s), I have determined that such condition(s) and/or any prescribed or other medication(s) I may take will NOT impair my ability, or that of my fellow participants, to participate safely in Hang Gliding. If I am under the care of a Doctor, utilize an epi-pen, inhaler, and/or any medications in relation to the foregoing or any other condition, I will disclose the same to any HPAC/ACVL certified instructor from whom I receive instruction.**
- I understand and agree that Releasee is in no way responsible whatsoever for my safety during the course of my preparation for, or participation in any Hang Gliding;
- I have carefully read this **RELEASE, WAIVER, INDEMNITY, AND ASSUMPTION OF RISK** agreement. I fully understand it, and I am freely and voluntarily signing my name in full agreement;
- By signing this document I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasee for any loss or damage to any property or for personal injury that I may sustain while participating in or preparing for Hang Gliding programs or activities, whether or not such loss or injury is caused solely or partly by the negligence of Releasee;
- I have been provided with a reasonable opportunity and have been encouraged to seek independent legal advice prior to signing this agreement;**
- This **RELEASE, WAIVER, INDEMNITY, AND ASSUMPTION OF RISK** is binding on me, my heirs, my executors, administrators, personal representatives and assigns; and
- I have had sufficient opportunity to carefully read this entire document. I have read and understood it. I have not signed this document under any duress or coercion by any other person or persons. I have chosen to sign it of my own free will and choice. I have obtained independent legal advice before signing or have chosen to waive obtaining such advice. I agree to be bound by its terms.**

Signature of Participant: (You must sign here) _____ Date(Y-M-D): _____

Participant Name (Block Letters here): _____

Signature of Witness (Must sign here): _____ Date(Y-M-D): _____

Witness Name (Block Letters here): _____

FOR MINOR PARTICIPANTS

Page 1 of waiver (previous) plus the following:

I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward. I have read, understood, and agree with all of the above. All of the releases, waivers, indemnities, and assumptions of risk equally bind both my minor child/ward and myself on their behalf. I fully indemnify Releasee against all causes of action by my minor child/ward.

Signature of Parent/Guardian(s) (Must sign here)

1) _____ Date(Y-M-D): _____

2) _____ Date(Y-M-D): _____

Parent/Guardian(s) Name(s) (Block letters here)

1) _____

2) _____

Signature of Witness (Must sign here): _____ Date(Y-M-D): _____

Witness Name (Block Letters here): _____