



Introductory Pilot Program Student Pilot Registration Form Form #2 For Intro Pilot Use

Intro Pilot Name _____ AMA # _____

Club Name _____ Club # _____

Trainee's Name _____ Date of Birth _____

Address _____

City, State, Zip _____ Date Form Sent to AMA HQ ____/____/20____

(Note: Must be within 48 hours of the first session.)

Date of First Session ____/____/20____

Date of Termination (Note: 60 days from first session.) ____/____/20____

Please read and sign this declaration. Registration forms without signatures will be returned.

Note: This waiver means that if I am involved in any claim or suit I will not sue the AMA, Inc. I understand that this waiver does not affect my liability insurance coverage.

"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 may endanger my 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) from all current or future liability for personal injury, property damage, or wrongful death caused by negligence."

Signature of Applicant _____ Parent or Guardian of Applicant under age 18 must also sign _____

Send this form via US Mail to AMA, 5161 E. Memorial Dr., Muncie IN 47302 as soon as possible.