

TRIPOLI-SAN DIEGO MEMBERSHIP FORM AND LAUNCH AGREEMENT

Sign and return this form with membership payment to:

Tripoli San Diego Membership
c/o Paul Snow
15587 Garden Road
Poway, CA 92064



Tripoli Safety Rules:

All rocket launches must be in compliance with Tripoli Rocketry Association Safety Code (http://www.tripoli.org/documents/safety_code.shtml).

Failure to abide by this code may result in suspension of flying privileges.

Membership is \$20.00 per year for individual or family. Mid year memberships are prorated (\$5 per remaining quarter(s) of the year). All renewals are due in January.

The Tripoli-San Diego launches are held at the Holtville launch site. A launch fee of \$5, for Members, is charged for each individual or family at the Holtville launches.

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Tripoli # _____ Expiration Date: _____ Cert Level: _____

NAR # _____ Expiration Date: _____ Cert Level: _____

May Tripoli-San Diego distribute your name / address / phone number to other Tripoli-San Diego members only? (Circle one) Yes No

Signature Required:

I have read the Tripoli Rocketry Association Safety Code and agree to abide by this code while participating in Tripoli-San Diego sponsored launches.

I acknowledge and fully understand that the launching of rockets and associated activities involve risks of serious injury, including permanent disability and death, and severe losses which might result from the actions, inaction, or negligence of participants, and others; the conditions of the weather; the environment; or of any equipment used. I assume all of these risks and accept personal responsibility of the losses and damages caused by my rockets and activity in Tripoli-San Diego rocket launch activities. I release, waive, discharge and covenant not to sue each and every of the coordinators, sponsors, partners, officers, and directors of Tripoli San Diego and all other participants, from any and all liability to myself, my heirs and my personal representatives for any and all claims, demands, losses or damages caused or alleged to be caused in whole or part by rocketry and associated activity. Should the need arise, I authorize the organizers of rocketry activities to obtain for me and consent to the administration of emergency medical treatment.

Signature: _____

Date: _____