

**AFFIRMATION OF UNITED STATES HANG GLIDING AND PARAGLIDING ASSOCIATION
RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT
AND ACKNOWLEDGMENT OF APPLICABILITY TO USHPA CHAPTER**

Flight Under FAA Regulation "Part 103 is based on the assumption that any individual who elects to fly an ultralight vehicle has assessed the dangers involved and assumes personal responsibility for his/her safety". FAA AC-103-7

In consideration of being allowed to use the facilities and participate in the sport of hang gliding or paragliding and other activities (collectively the "Activities") provided by Arizona Hang Gliding and Paragliding Association (the "**USHPA Chapter**"), I hereby reaffirm the United States Hang Gliding And Paragliding Association ("**USHPA**") Release, Waiver and Assumption of Risk Agreement (the "**USHPA Release**") previously signed by me and acknowledge that it is applicable to my participation in any and all **Activities** of the **USHPA Chapter**. Each of the terms, including the definitions, of the **USHPA Release** are hereby incorporated by reference as though fully set forth in this affirmation.

I specifically acknowledge that the following persons, including their owners, officers, directors, managers, agents, spouses, employees, officials (elected or otherwise), members, independent contractors, sub-contractors, lessors and lessees, are also **RELEASED PARTIES** as that term is used in the **USHPA Release**:

Arizona Hang Gliding and Paragliding Association, and each of its members, employees, agents, volunteers, officers, directors, and managers;

Bureau of Land Management, City of Phoenix, City of Flagstaff, City of Cottonwood, USDA Forest Service, Maricopa County Sheriff's Dept, Federal Aviation Administration, as appropriate to the individual sites;

This specification of certain **RELEASED PARTIES** is not meant to be an all-inclusive list or to limit in any way the scope of persons included within the definition of **RELEASED PARTIES** in the **USHPA Release**. Rather, it is made to give assurance to those listed here that they are included within the scope of the definition of **RELEASED PARTIES** in the **USHPA Release**.

This affirmation in no way limits, restricts or narrows the terms or scope of the **USHPA Release** previously signed by me.

Participant's Signature: _____

Date: _____

Print Participant's Name: _____

Participant's USHPA #: _____

Signature of Participant's Parent or Legal Guardian
if Participant is under 18 years of age: _____