



Richmond RC Flyers Club (Manoah Flyers) Reg #797

**2024 Membership Application Waiver Form
8140 Fairdell Crescent
Richmond BC V7C 1W4**

Member Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **e-Mail (required):** _____

MAAC No. : _____ **Flying Experience Level:** Novice / Inter / Adv
(Circle one choice)

(Date of Birth, if under 18): _____

Membership Fee: \$45.00 **Note: The best way to pay is with Interac**
email to manoahflyers@rrcfc.org

I, the undersigned, hereby agree to follow the Safety Code as established by the Model Aeronautics Association of Canada for the safe operation of radio-controlled model aircraft. I also agree to abide by the site-specific rules and Code of Conduct as arranged by the Richmond RC Flyers Club and the City of Richmond regarding the use and scheduling of the Manoah Steve's Park for the purposes of flying radio-controlled model aircraft.

(See Code of Conduct and Site-specific rules)

I hereby acknowledge that at my own risk, I use the property and facilities arranged for me by the Richmond RC Flyers Club (Manoah Flyers), and I hold blameless the Richmond RC Flyers Club (Manoah Flyers), it's Officers, Directors or Executive, and the owners of the property and facilities from any suit, cause, action or claim arising from my use of such properties and/or facilities for the purpose of model aircraft operation. Additionally, I hereby agree to hold the Richmond RC Flyers Club (Manoah Flyers), it's Officers, Directors or Executive blameless in the event of accidents, involving damage and/or loss of models, property or personal injury or loss of life resulting from the operation of my model aircraft, regardless of whether said aircraft was under my control or that of another person at the time of the accident.

The Richmond RC Flyers Club (Manoah Flyers) acknowledges that this waiver does in no way affect the applicant's rights or benefits under any insurance coverage by the Model Aeronautics Association of Canada or by the applicant's personal insurance.

Signature:

If under 18, signature of parent or Guardian:

Date of Application:

Circle YES or NO to be part of our Slack Group