



# OPMF01 - TEMPORARY MEMBERSHIP: STUDENT

PLEASE RETAIN THIS PORTION. THIS IS YOUR TEMPORARY MEMBERSHIP CERTIFICATE.

<p style="text-align: center;"><b>This Temporary Membership Certificate Certifies that</b></p> <p>Students name: .....</p> <p style="text-align: center;">is a Temporary Member (Student) of the <b>New Zealand Hang Gliding &amp; Paragliding Association Inc.</b> valid for <b>3 days</b> from the Date Joined</p> <p>Date Joined ...../...../.....</p> <p>Instructor's Initials ..... Pin #.....</p>	 <p><b>NZHGPA</b> <b>Delegation Holder Authorisation</b></p> <p>This Certificate is authorised by Evan Lamberton NZHGPA Chief Executive</p> 
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# OPMF01 - STUDENT MEMBERSHIP APPLICATION

<p><b>Pilot Details</b></p> <p><b>First Name</b>.....</p> <p><b>Surname</b> .....</p> <p><b>Postal Address</b>.....</p> <p>.....</p> <p>.....</p> <p><b>City/Country</b> .....</p> <p><b>Date of Birth:</b> ...../...../..... (dd/mm/yyyy)</p>	<p><b>Contact Details</b></p> <p><b>Home:</b> (.....) .....</p> <p><b>Mobile:</b> (.....) .....</p> <p><b>Email:</b> .....</p>
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**Training in:**   Hang Gliding  Paragliding  Motor Hang Gliding  Motor Paragliding

**Student to Sign**

I have read and fully understood the Liability Waiver, pass all the requirements in the Medical Declaration and signed and dated both and agree to abide by all the constitution rules and by-laws of the New Zealand Hang Gliding and Paragliding Association Incorporated.

**Signature** ..... **Date** ...../...../.....

**(Parent's Signature if under 16)**.....

**Instructor to Sign**

I have witnessed the reading and signing of this form and agree to send this form to the NZHGPA(Inc) within two weeks.

**Signature**..... **PIN #**.....

**Conditions of this Certificate (Flight By-laws):**

You must carry this temporary **Member Certificate** with you at all times while you are engaging in flying training.

You **must** only fly under the direct supervision of an NZHGPA.(Inc) approved instructor.

You are covered by the NZHGPA's **Third Party Insurance** policy only if you are supervised by an instructor.

The provision of this **Temporary Membership Certificate** in no way guarantees that you are **Fit and Proper** to be granted Permanent Pilot Certificates (**NZHGPA Ratings**). To qualify for **NZHGPA Ratings** you must first apply for FULL Membership on our website and complete a **Fit and Proper Person Declaration** and have this approved.

**This Membership Certificate Entitles:**

You, as a **Student Pilot**, to be instructed and trained in the skills of handling and flying a Hang Glider or Paraglider.

**Liability:**

As a **Student Pilot** you acknowledge that hang gliding and paragliding is an action air sport which can involve risk of serious injury or even death.

As a **Student Pilot** you are assuming all risks and will not hold the NZHGPA(Inc) or Instructors liable in any way for injury or damage sustained while flying.

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**MEDICAL DECLARATION AND CERTIFICATE**

You must be able to truthfully sign and date this declaration and the waiver to be eligible for temporary membership and training.

**Full Name** .....  
 (Christian names) (Surname)

1. I hereby declare that I do not suffer from any of the following specific conditions.
  - a) Epilepsy or other periodic disturbance of consciousness, giddiness, history of severe head injury.
  - b) Diabetes requiring insulin therapy.
  - c) High Blood Pressure, chest pains or Angina Pectoris or any form of heart disease.
  - d) Episodes of shortness of breath or lung disease.
  - e) Psychiatric disorder.
  - f) Chronic ear or sinus disease.
  - g) A history of alcoholism or drug addiction.
  - h) Any condition requiring regular medication with antihistamines, antihistaminics, antispasmodics, sedatives or narcotics.
  
2. I also declare that I do not have any established history of or suffer from any other medical condition, disease or disability, either mental or physical or any visual defect, or take any medication, which would be likely to affect my ability to fly a glider safely.  
 I understand that it is my responsibility to inform the Instructor of any changes occurring which would affect this declaration.

**Signature** ..... **Date** ...../...../..... dd/mm/yy

❖ Should a medical condition exist which would disqualify a candidate from this declaration, a **Medical Examiner's Certificate** may be sought. Please contact the NZHGPA Administrator for further advice.

**Liability Waiver:** I accept Hang Gliding and Paragliding is an action air sport which can involve risk of serious injury or death and I agree to assume all the risks of injury or damage.  
 I release, waiver and hold blameless the New Zealand Hang Gliding and Paragliding Association, it's officials or instructors from all claims, losses, damage or expenses during or in conjunction with my participation in learning to fly a hang glider or paraglider including any claims caused by negligence of instructors together with any costs including legal fees that may be incurred as a result of any such claims, losses, damage or expenses whether valid or not.

**Signature** ..... **Date** ...../...../..... dd/mm/yy