

Wisconsin Rapids Balloon Rally – Wisconsin Rapids – Pilot Application

August 26, 27 & 28, 2011

Alexander Field Airport (ISW), 3620 First St S., Wisconsin Rapids ~ www.cmnballoonrally.com

Please complete and return to) trir@wctc.net or mail to:

Shamaine Rustad 3731 North Valley Dr Wisconsin Rapids, WI 54494

Pilot Information

Pilot Name: _____ Email Address: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Shirt Size: (Circle One): Small Medium Large X-Large 2X-Large

License Information

Certificate # _____ (Circle One) Student Private Commercial

Biannual Review Date: _____ Total PIC Hours: _____ Insured by (Agency & Company) _____

Balloon Information

N#: _____ Balloon Name: _____

Manufacturer: _____ Model: _____ Year of Mfg: _____

Hotel Information

One bed or Two: _____ Smoking or Non: _____

STATEMENT OF RESPONSIBILITY

I fully accept the responsibilities legally transferred to me under the Federal Aviation Administration ("FARs") in regards to my personal decision to fly my aircraft. Any bodily injury or property damage resulting from my decision to fly my aircraft is my liability. I agree that no flights are mandatory and are at my own option and risk. I certify that I hold and maintain all appropriate licenses, certifications and other permissions necessary to lawfully operate my aircraft.

At all times during the Wisconsin Rapids Balloon Rally, I will operate my aircraft in accordance with all applicable federal, state and local laws, rules and regulations, including, but not limited to all applicable FARs.

I will have in force personal aviation insurance with a \$1,000,000.00 combined single limit during the event and I will provide a certificate of such insurance prior to the event of such coverage. I agree not to take any passengers for rides during the event.

I agree that the function of the Wisconsin Rapids Balloon Rally and its organizers is only to provide the facilities and means for my participation in the event and in no way supersedes my responsibility as pilot-in-command under the FARs.

I agree to indemnify and hold harmless the Municipal Airport Commission – Alexander Field, the Foundation of Saint Joseph's Hospital of Marshfield, Inc., Saint Joseph's Hospital of Marshfield, Inc., and the volunteers of the Wisconsin Rapids Balloon Rally, from any and all claims, liabilities, fines, damages or expenses relating to or arising out of neglect by me, my employees, crew or agents during active balloon operations.

DATE: _____ PRINT NAME: _____ SIGNATURE: _____

Pilot in Command