

# Liability Waiver & Participation Agreement

## Tri Cities Rocketeers (TCR) Rocket Launches

As consideration for the opportunity to participate in Tri Cities Rocketeers launches, I hereby release and forever discharge the National Association of Rocketry (NAR), the Tripoli Rocketry Association (TRA) and their officers, members, administrators, agents and assigns; Tri Cities Rocketeers (NAR Section #736) and its officers, members and agents; the launch site's landowners, administrators and caretakers including the state of Washington and all other persons attending TCR launches from suits of any kind or nature whatsoever resulting from attending TCR events. This release and discharge includes but is not limited to suits involving injury and/or property loss or damage resulting from accidents which might happen to me and/or to those who accompany me to Tri Cities Rocketeers launches.

When attending TCR launch events, I hereby agree to fly high power rocket motors of "H" impulse and above only if I possess a valid NAR or TRA High Power Certification. I affirm that I possess valid copies of all permits and paperwork required to legally fly high power rocket motors. Further more, I will never fly rocket motors more powerful than my certification will allow except when engaged in a formally supervised NAR or TRA certification flight attempt. I also agree that I will fly only commercially manufactured rocket motors that are certified for use by NAR and/or TRA.

I am fully aware of the risks involved in traveling to and participating in rocketry events and hereby assume all of those risks. I agree further that I have completely read, fully understood the terms of and voluntarily accept this agreement. Furthermore, I agree to follow the NAR and TRA Safety Codes as well as all local, state and federal laws, regulations and rules that apply to TCR launches.

Name (Parent/Guardian)(Please print): \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dependent: \_\_\_\_\_

Signature(Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Address : \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Email address : \_\_\_\_\_

Phone: \_\_\_\_\_

NAR Membership: \_\_\_\_\_ Cert Level: \_\_\_\_ Expires: \_\_\_\_\_

TRA Membership: \_\_\_\_\_ Cert Level: \_\_\_\_ Expires: \_\_\_\_\_