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## 2012 MINOR RELEASE FORM

### *CLUB OFFICERS*

#### *President:*

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### *MEETINGS*

#### *Date/Time:*

2nd Monday of each month  
7:30 pm

#### *Place:*

Resurrection Lutheran Church  
445 E. Stop 11 Rd

Date \_\_\_\_\_

We, \_\_\_\_\_,  
*Mother and Father Names*

*Address* \_\_\_\_\_

Parents of \_\_\_\_\_,  
(Minor) (Birth date)

hereby acknowledge that we retain full responsibility for our son's/daughter's actions while flying remote-controlled model aircraft at the Indianapolis R/C South flying facility and at club sponsored events elsewhere.

In seeking membership for \_\_\_\_\_, we further acknowledge that Indianapolis R/C South bears no liability for his/her actions.

Parents' Signatures:

*Father* \_\_\_\_\_ *Date* \_\_\_\_\_

*Mother* \_\_\_\_\_ *Date* \_\_\_\_\_