

## **Minnesota Soaring Club Phil Schacht Memorial Youth Scholarship**

Name of Award: The Phil Schacht Memorial Youth Scholarship

Purpose: To support young soaring pilots with membership in the Minnesota Soaring Club (MSC) while working towards FAA glider pilot certification.

Award: Membership and dues for one season in the Minnesota Soaring Club for the purpose of flight training. This includes membership in the Soaring Society of America during the period of the glider scholarship.

- Awardees will be responsible for a portion of the flight fees (glider use fee and tow plane charges) incurred while training at MSC.
- MSC will pursue raising additional funds through donations for a portion of the flight fees.
- Award does not include privileges of other MSC membership categories, such as voting rights or membership equity rights.

Eligibility:

- Sincere interest in pursuing flight training in gliders
- Full-time academic student
- Age between 14-22 years old for the soaring season (April-October)
- Preference given for beginning glider pilots (vs. experienced or licensed pilots)
- Consideration will be made for applicants with financial need
- Maintain good standing with Minnesota Soaring Club (abide by rules, pay bills on time)
- Completion of an agreement to limit the Minnesota Soaring Club's liability
- Parental permission required for minors less than 18 years of age, as applicable
- Note: FAA student pilot certificate is required to fly solo. This is issued by the FAA FSDO office in Minneapolis free of charge and does not require a medical exam

Limitations:

- Annual award for one soaring season (April-October). Awardee has the option to reapply for the scholarship for the next year.
- Award cannot be transferred to another person or used for a subsequent MSC soaring season.

Additional Expectations and Requirements:

- Awardees will be expected to participate as an active member of the club, for example, to remain at the field after training flights and help with soaring club operations.

Application:

- Application form
- Submittal of a 300-500 word essay describing the applicant's goals and any previous experiences related to soaring.

Deadline:

- **Application must be received or postmarked by April 15<sup>th</sup>.**

All applications will be accepted by MSC and evaluated by a committee of MSC members appointed by the MSC board. The intent is to announce the award no later than the beginning of each Minnesota soaring season.

**Questions? Email us at [mnsoaringclub@gmail.com](mailto:mnsoaringclub@gmail.com).**

**Minnesota Soaring Club  
Phil Schacht Memorial Youth Scholarship Application**

**Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

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

\_\_\_\_\_

**Email** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Name of School or College** \_\_\_\_\_

**Full-time student**     **Yes**            **Current grade** \_\_\_\_\_

**Liability Waiver statement (attached), signed and dated**  **Yes**

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Please attach a 300-500 word essay that explains why you are interested in glider training and tell us about your flying goals with the Minnesota Soaring Club. If you have flown before, please include a brief description of your flight experiences and previous flight training.

Mail your completed application, essay and Liability Waiver statement to:

Minnesota Soaring Club  
c/o Jay Biggs  
1590 110th Ct. West  
Inver Grove Heights, MN 55077

**Minnesota Soaring Club  
Phil Schacht Memorial Youth Scholarship-Liability Waiver**

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS

1. The person who is participating in activities with the Minnesota Soaring Club shall be referred to hereinafter as "Student." The "Undersigned" means only the Student when the Student is age 18 or older OR it means both the Student and the Student's legal guardian when the student is under the age of 18. The Undersigned agree and understand that taking part in glider instruction or glider flying (hereinafter the "Activity") can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. The Undersigned understand and agree that in signing this Agreement, the Undersigned are expressly acknowledging and assuming risks and dangers that may result in property damage, physical injury and/or death. RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR STUDENT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE ACTIVITY, KNOWN OR UNKNOWN, INHERENT OR OTHERWISE.
3. Additionally, in consideration for allowing the Student to participate in the Activity, THE UNDERSIGNED AGREE NOT TO SUE the Minnesota Soaring Club and its members, their insurance companies, successors in interest, affiliates, representatives, officers, and directors (each a "Released Party") for any property damage (including but not limited to equipment damage), injury or loss to Student, including death, which Student may suffer, arising in whole or in part out of Students participation in the activity. By agreeing not to sue, the Undersigned are releasing any right to make a claim or file a lawsuit against any Released Party. Also, the UNDERSIGNED AGREE TO HOLD HARMLESS AND RELEASE EACH AND EVERY RELEASED PARTY FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from Student's participation in the Activity, including, but not limited to, those claims based on any Released Party's alleged or actual NEGLIGENCE or BREACH of any CONTRACT and/or express or implied WARRANTY. By execution of this Agreement, the Undersigned also AGREE TO DEFEND AND INDEMNIFY/REIMBURSE each Released Party from any and all claims of the Undersigned and/or a third party arising in whole or in part from the Student's participation in the Activity or the Undersigned's obligations under this Agreement.
4. The Undersigned represent that Student is in good health and there are no special problems associated with the Student's condition. The Undersigned: 1) authorize a licensed physician and/or other medical care provider to carry out any emergency medical care for Student; 2) authorize any Released Party and/or their authorized personnel to call for medical care for the Student or to transport the Student to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed; 3) agree that upon Student's transport to any such medical facility or hospital that the Released Party shall not have any further responsibility for Student; 4) agree to pay all costs associated with the medical care and related transportation; and 5) shall indemnify and hold harmless the Released Parties from any and all liability and/or claims associated with such medical care or related transportation.
5. In the case of a minor Student, the Undersigned parent or legal guardian acknowledges that he/she is signing this Agreement on his/her behalf and is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. By signing this Agreement, the parent or legal guardian understands that he/she is also waiving certain rights on behalf of the minor that the minor might otherwise have. By signing this agreement without a parent or legal guardian's signature, Student, under penalty of fraud, represents that he/she is at least 18 years of age. THE UNDERSIGNED AGREES TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEY'S FEES, ARISING FROM ANY MISREPRESENTATION OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
6. The Undersigned understand and acknowledge that this agreement is a contract and shall be binding to the fullest extent permitted by law. If any part of this Agreement is deemed unenforceable, the remaining terms shall be an enforceable contract between the parties. It is the Undersigned's intent that this Agreement shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of the Undersigned.

**Adult Participant / Signature of Parent / Legal Guardian**

**I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OR MY CHILD MIGHT OTHERWISE HAVE**

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Participant / Parent or Guardian (Last, First, M.I.)	Signature	Date
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Street Address / Mailing Address (please print)	City, State	Zip Code
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Birth date of Student (MM-DD-YYYY)	Emergency Contact	Relation	Phone Number
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Email address