

Section 2 Hot air balloon

Name of balloon	Manufacturer :
Year of manufacture:	Color:
Registration number / letters: N-	Size (cubic feet):
Date of last annual: Month() Day() Year()	Hours since last inspection:
Name/Address of the Registered Owner if different than Pilot:	

Section 3 Insurance

Name of insured:	
Insurance company:	Policy Number:
Other pilot(s) insured on the balloon:	

Section 6 Statement of Responsibility

I certify that all the above information is true and I agree with the terms of the event as set fourth on this form the letter of invitation. I am aware of and agree with the responsibility legally transferred to me under the Federal Aviation Regulations as regards my personal decision to fly my balloon, and any bodily injury and / or property damage resultant there from is my liability. I agree to have in effect for the entire duration of this event a hot air balloon insurance policy with third party liability and property damage liability limits in an amount not less than \$500,000 plus \$100,000 per passenger.

I agree that the organizers and sponsors of this event are providing me with the facilities and means for my participation and in no way do they supercede the responsibilities of the Pilot-in-Command as shown under FAR's. I also agree that any photos or videos taken by authorized person(s) can be used by the Plainville Fire Company as they see fit. As PIC, I will thoroughly familiarize myself and my crew with all the rules and safety procedures provided by the event organizers and will abide by them. Further, I agree to familiarize myself with the terrain and acceptable landing sites and local flying conditions associated with this event.

CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND AGREE TO:

Signature (pilot 1) :	Signature (pilot 2) :
Date :	Date :

*Return completed application along with Insurance certificate to :
Attn : Hot Air Balloon Committee
Plainville Fire Company, 77 West Main Street, Plainville CT 06062*