August 19, 1977 July 1, 2014

Park Directive 3075

HANG GLIDING AND PARAGLIDING RAPPELLING RULES AND REGULATIONS

Hang gliding <u>and non-motorized paragliding</u> on state park property is permitted at approved sites only. Requests for approval of sites must be submitted to the Director of <u>Arkansas</u> State Parks by park superintendents or others. <u>prior to any hang-gliding.</u>

Requests must include supporting documentation detailing recreational demand <u>analysis and impact on parks' natural and cultural resources, recreation use, facilities, and long term development or master plan.</u> An approved site must have a signs indicating <u>that it is</u> approved <u>for these activities and shall include hang-gliding site and</u> any restrictions <u>which may apply, such</u> as to time-of-day, <u>weather conditions</u>, etc., plus <u>and</u> instructions to check in at park <u>office</u> <u>visitor center before the first launch</u>.

I. HANG GLIDING AND PARAGLIDING PROCEDURES

- A. <u>Each calendar year, before their first flight,</u> hang gliders must check in register at park office <u>visitor center</u> with:
 - 1) Proof of Hang III_H-3 or P-3 (intermediate level) rating from the United States Hang Glidingers and Paragliding

 Association (USHPA) or equivalent;
 - 2) Proof of at least \$50,000 **\$1,000**,000 personal liability insurance from USHGA (USHPA) or equivalent;
 - A signed <u>Hang Gliding / Paragliding Checklist and Liability Release (see attached).</u>
- B. <u>Pilots must notify staff at the park visitor center prior to the first flight</u> each day,
- C. Pilots and passengers engaged in tandem flights must be in compliance with all USHPA requirements for this activity. Passengers must register at the park visitor center and submit a signed liability release and checklist (see attachments). A parent or legal guardian must complete the check list and liability release form for all minors; those age seventeen (17) and under.

II. Rappelling on state park property at sites other than those sites specifically approved by the Director of State Parks for organized rappelling, is prohibited. Rappelling at approved sites without a permit is prohibited. Superintendents of state parks having suitable sites for rappelling may submit requests to the Director for approval of such sites. Such requests shall set forth complete details of the site, indicating site location and detailed description, safety hazards, and degree of supervision considered necessary—for use by the public. The Director's approval of such sites shall be accompanied with specific instructions to park superintendents covering the permit requirements for such organized rappelling.

May 2, 1984

Addendum #1 to PD 3075

HANG GLIDING AT MT. NEBO STATE PARK

II. HANG GLIDING AND PARAGLIDING RULES AND REGULATIONS

The following rules and regulations <u>will</u> apply to hang gliding <u>and paragliding in</u> <u>Arkansas State Parks</u> at Mount Nebo State Park.

- A. The launch site will be a designated area at Sunrise Point approved by the Director of Arkansas State Parks.
- B. The Landing areas are is not on state park property. Maintained in a permanent file at Mt. Nebo the park visitor center will be a notarized statement from the property owner granting permission for hang gliding and paragliding participants to land on his/her property if a liability release has been signed by each pilot. Vehicles will not be allowed on the landing fields. The Arkansas Department of Parks and Tourism (ADPT) is not responsible for the safety, upkeep or maintenance of landing areas and participants land at their own risk.
- C. Park officials will utilize the "Hang Gliding / <u>Paragliding</u> Checklist" to approve or disapprove each flyer <u>and passenger</u>.
- D. <u>Once each year</u>, pilots <u>and passengers</u> must sign the checklist and liability release (see attachments).
- E. **Prior to the first flight on each day they fly,** pilots must notify staff at the park visitor Information center. to obtain a permit for a day or a weekend.
- F. Pilots must be a current member of the <u>a</u> United States Hang Gliding / <u>Paragliding</u> Association.

- G. Pilots must carry an advanced rating, or be an intermediate pilot

 accompanied or observed by an advanced pilot who knows his/her

 ability. Intermediate pilots must have logged five (5) hours of air time
 and ten (10) separate flights. This will be checked against their flight
 log.
- H. When requested, If pilots is unknown to shall allow park officials, they may ask to check review the pilot's flight log book.
- I. An intermediate pilot must be accompanied by an observer or an advanced pilot who knows his/her ability. Intermediate pilots must have logged five
 - (5) hours of air time and ten (10) separated flights. This will be checked
 - against the flight log.
- <u>**I.**</u>J. Pilots must be wearing a helmet and back up chute.
- <u>J.K.</u> Pilots must be flying a glider certified by the a Hang Gliders Manufacturers Association, Paragliders Manufacturers Association, or by the equipment manufacturer. (A list of which will be maintained in the park.)
- <u>K.L.</u> Pilots and friends must conduct themselves in a <u>friendly courteous</u>, orderly <u>manner fashion</u> and obey all park rules and regulations.
- <u>L.M.</u> In any and all cases, state park officials have complete and final <u>control</u> <u>and</u> authority over the launch site.

Replaces PD 3075 dated August 19, 1977

Attachments: --Checklist

--Liability Release

Arkansas State Parks



Arkansas Department of Parks and Tourism HANG GLIDING / PARAGLIDING CHECKLIST

MT. NEBO STATE PARK HANG GLIDING CHECKLIST

PILOTS

NA	NAME:						
(Pr	int Name)						
	Yes	- No 	— 1. Pilot received permit to fly from Superintendent.				
1.	Yes /	No	2. Pilot current member of USHGA USHPA / # .				
2.	Yes / No Pilot meets one of the following criteria. Circle all that apply.						
			a. 3. Pilot advanced rating: Rating IV H-4 or P-4 or above				
			b. 4. Pilot intermediate rating, advanced accompanied: Rating III-H-3 or P-3				
			c. 5. Pilot intermediate rating, passed 5 (five) hours or more of flying and 10 (ten) separate flights: Rating III. H-3 or P-3				
3.	Yes /	No	8. <u>Pilot ensures that glider meets the standards for certified</u> cation by of the Hang Gliders Manufacturers Association <u>or Paraglider Manufacturers Association.</u>				
4.	Yes /	No	9. <u>Pilot provides proof of at least \$50,000</u> <u>\$1,000,000</u> personal liability insurance from <u>USHGA USHPA</u> or equivalent.				
5. <u></u>	Yes /	No	10. Pilot's flight log book is checked.				
<u>PI</u>	LOTS	<u>and</u>	PASSENGERS PASSENGERS				
6	Yes /	No	6. Pilot / <u>passenger will be</u> wearing helmet <u>s</u> .				
7.	Yes /	No	7. Pilot / passenger will be properly harnessed to an emergency wearing parachute.				
8.	Yes /	No	<u>Pilot / passenger (or parent or legal guardian) has signed the liability release</u> <u>form for ADPT and the authorized landing sites.</u>				
9.	Yes /	No	Pilot / passenger received permission to fly from the park superintendent or designee.				

PILOT'S NAME	PASSENGER'S NAME (PARENT OR LEGAL GUARDIAN IF MINOR)
PILOT'S SIGNATURE	PASSENGER'S SIGNATURE (PARENT OR LEGAL GUARDIAN IF MINOR)
DATE	DATE
SUPERINTENDENT'S SIGNATURE	DATE

Attachment #2 to Addendum #1, PD 3075

5/2/84



Arkansas Department of Parks and Tourism

HANG GLIDING / PARAGLIDING LIABILITY RELEASE

MT. NEBO STATE PARK AND LONNIE CROWELL LIABILITY RELEASE

	about to participate ir	n hang glider / paraglider
flying. I am participating entirely upon my own initiat	ive, risk and respons	ibility.
This will be a(n)	Tandem	flight.
I do hereby agree to respect and adhere to a Launch Area and the Lonnie Crowell Landing Area. authorized landing site, which are available at the signing that I have read Park Directive 3075 and to paragliding. I also acknowledge that I have executed Parks and the owner of the authorized land site was a site of the site of the site.	Arkansas State Par e park visitor center the Arkansas State I uted the appropriate	ks and the owner of the L. I hereby acknowledge by Parks rules on hang gliding and Eliability release for both ADPT
Therefore, in consideration of the permission and over which I will conduct or participate in these executors, and administrators or assigns, hereby repropertyies, including the Arkansas Department of employees, volunteers and assigns, and the State and all claims, actions, demands, judgments or cau account of any injury to me which may occur from a for my death or any personal injuries, known or uto property which may occur or result from or be where they occur.	e flying activities, I do emise, release and for formise, release and for formism and Tourism are parks, Recreation as the formism as the formism and	, hereby, for myself, my heirs, rever discharge the owners of the new and all its officers, agents, and and Travel Commission, from any exaccount of my death, or on official flying activities which I may have others and any injury or damage
I, the undersigned Pilot (and Passenger if understand all its terms and conditions. I hereby knowledge of its significance. If the undersigned or guardian acknowledges the above and that the all terms and conditions herein and the potential	y execute this released is a parent or legaley execute this release	se voluntarily and with full guardian of a minor, the parent ase with a full understanding of
execution.		
PILOT'S SIGNATURE	PASSENGER'S SIG (PARENT OR LEGAL	GNATURE GUARDIAN IF MINOR)
DATE	 DATE	



Arkansas Department of Parks and Tourism HANG GLIDING / PARAGLIDING LIABILITY RELEASE

PILOT INFORMATION PLEASE FILL OUT THE FOLLOWING:

Pilot's Name:	Age:	<u>DOB:</u>		
Telephone Number: (C)	USHGA USHPA Rating:			
Address:				
City	State	Zip		
Emergency Contact Person:				
Address:				
City	State	Zip		
Relationship:	Phone (H):	(C):		
Additional Emergency Contact Person:				
Address:				
City	State	Zip		
Relationshin:	Phone (H):	(C):		

Continue for Passenger Information



Arkansas Department of Parks and Tourism HANG GLIDING / PARAGLIDING LIABILITY RELEASE

PASSENGER INFORMATION

Pilot's Name:				
Danasa wasila Nassa		A	DOD	
Passenger's Name:		Age:	DOB:	
(H)	LICUDA Detiner			
Telephone Number: (C)	USHPA Rating:			
Address:				
City		State		Zip
City		State		<u> </u>
Emergency Contact Person:				
Address:				
City		State		Zip
Relationship:	Phone (H):		(C):	
Additional Emergency Contact Person:				
Address:				
City		State		Zip
Relationshin:	Phone (H)		(C)-	