

PARACHUTING AND SKYDIVING INDEMNITY FORM

All fields marked with a * are compulsory

SURNAME* _____ FIRST NAME* _____
ID NR.* _____ E-MAIL* _____
CELL CONTACT NR* _____
PHYSICAL ADDRESS* _____
WORK TEL NR _____ OCCUPATION _____
EMPLOYER NAME & CONTACT NUMBER _____
CONTACT PERSON - NEXT OF KIN* _____ CONTACT NR* _____
MEDICAL AID SCHEME* _____ MEMBERSHIP NR:* _____
ANY MEDICAL ISSUES OR CONDITIONS:* _____
ANY PROSTHETIC LIMBS* _____
ANY MEDICATION IN USE & REASON* _____
BLOOD GROUP* _____ WEIGHT * _____ HEIGHT* _____

PLEASE READ AND COMPLETE:

I, the undersigned, (hereinafter referred to as the "participant") being of sound and sober senses,

* _____
(insert full names and surname)

hereby confirm and declare the abovementioned and the following to be true and correct:

1. *I have reached the age of majority (I am over 18 years old) and possess full legal capacity, or:

*I have not reached the age of majority and therefore I am duly assisted herein by one of my parents / legal guardian who has signed this form below thereby giving me full consent to take part in parachuting and skydiving and activities on the drop zone (the DZ) and who thereby also confirm the accuracy of the contents of this form and who consider all aspects hereof binding on themselves.

2. I confirm that I am currently not suffering from any temporary or permanent physical or mental disability or illness that will affect my ability to participate safely in the activities on the DZ.

3. I undertake not to consume any alcoholic beverage within the confines of the DZ during skydiving activities or 8 hours prior to me executing any parachuting and/or skydive.

4. Pretoria Skydiving Club or the DZ will not accept any responsibility or liability caused by skydiving not taking place due to bad weather, aircraft requiring maintenance or non-availability of instructors due to work commitments or illness.

5. I agree that in the event of my sustaining an injury, Pretoria Skydiving Club or the DZ will summon an ambulance or med-rescue helicopter, the cost of which will be borne by me, or my medical scheme.

6. I am fully aware that parachuting and skydiving is both dangerous and Hazardous, and that by participating in parachuting and/or skydiving, it may result in serious injury to myself or death.

7. I undertake to abide by the basic safety regulations, the rules, regulations and procedures as laid down by the Parachuting Association of South Africa and /or the Association of Drop Zone Operators. (PASA/ADZO).

8. I confirm that I am fully aware of, and hereby accept the fact that Pretoria Skydiving Club, its Drop Zone operators, Chief Instructor, Instructors, Tandem Masters, Packers, Staff, Aircraft operators and Crew are absolutely unable to accept liability or

responsibility for injury or damage of any nature whatsoever whether arising from negligence or any other cause howsoever which is suffered by myself, my dependants or my visitors arising out of my participation in parachuting and/or skydiving and/or the activities on the DZ.

9. I hereby also absolve and indemnify the Pretoria Skydiving Club, its Drop Zone operators, Chief Instructor, Instructors, Tandem Masters, Packers, Staff, Aircraft operators and Crew against any liability in respect of any damages, and / or injury and / or loss of life sustained by myself, my dependants or my visitors arising out of my participation in parachuting and/or skydiving and/or the activities on the DZ. I also understand that everything possible will be done to ensure that the photographic and video footage is of quality. However, I also understand that equipment can and will fail. In such an instance I agree that should I not get the photographic footage and/or video footage, a refund on the actual footage will be given to me – the tandem jump will not be refunded.

Signed on this date * _____ at * _____

* _____
Participant

Witness 1 * _____

Witness 2 * _____

DULY ASSISTED BY MY PARENT* / LEGAL GUARDIAN
(to be completed for participants under 18 years of age):

I the undersigned in my capacity as parent* / legal guardian* of the participant hereby duly assist the participant herein and give my consent for his/her participation in parachuting and/or skydiving. I also confirm the accuracy of the contents of this form and declare that I consider the full content hereof binding on myself.

Signed by _____
(insert full names and surname)

Identity number: _____
in my capacity as parent* / legal guardian* of the participant

on this date _____ at _____

(Signature of parent/legal guardian)

Witness 1 _____

Witness 2 _____

PLEASE INDICATE WHERE YOU HEARD ABOUT PRETORIA SKYDIVING CLUB:

Word of Mouth _____ Internet _____ Brochure _____ Virgin Active _____ Other _____

PAYMENT: DEPOSIT _____ DVD _____ PHOTOS _____