2015 UK Parachuting Student Membership

Before reading and signing this form, we ask you to understand that skydiving/parachuting is an adventure sport. When taking part in such sports you must realize no matter how well trained or how good the equipment there is still a real **risk of injury or death**.

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Declaration

I hereby acknowledge and agree that I shall abide by terms and conditions of my booking and the rules and regulations of the British Parachute Association (BPA) and UK Parachuting Club Limited. I further understand that I will be trained to make a skydive/parachute jump(s) from an aircraft in flight and that the training for, and making such a jump could result in injury or death. I further understand that I will be making such a jump (or jumps) and declare that I will reveal any reason or circumstances that may increase the risk of injury or death whilst skydiving/parachuting and which would thereby result in my being forbidden to do so by UK Parachuting Club Limited. Such reasons would include lack of medical fitness; intoxication; lack of training; lack of adequate clothing and equipment and lack of documentation (including any medical certificate/declaration of fitness to skydive/parachute and BPA membership). I understand due to the dangerous nature of the sport of skydiving and parachuting my jump may be postponed for safety reasons. All UK Parachuting terms and conditions apply. I also acknowledge that £1 from my total payment give me associate membership to UK Parachuting Club Limited. The club constitution is available upon request.

| Signed: |
|---|
| (Parent/Guardian to complete below if applicant is less than 18 years of age) |
| Date: |
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| Parental/Guardian Consent |
| I (Block Capitals): |
| Address: |
| |
| Post code: |
| Tel numbers: (h)(m) |
| Being the Mother/Father/Legal guardian of: |
| (who is now aged over 16 and under 18 years) hereby confirm that I give permission for him/her to receive skydiving/parachute training and to make a skydive/parachute jump or jumps. |
| |
| Signed: |
| Name: |
| Date: |