

**JUMP START
CANDIDATE REGISTRATION FORM**

Please print clearly so that your name can be spelt correctly on your jump certificate.

SURNAME: _____ FORENAME(S): _____

PREFER TO BE CALLED: _____ DOB: _____ AGE: _____

NAME, ADDRESS AND PHONE NUMBER OF PARENT OR GUARDIAN
(if participant is under 18 years old):

Circle one of: CANTEEN member PROJECT K student PROJECT K graduate

Length of time as member/student, or since graduation: _____

Project K or CanTeen Coordinator to complete:

I certify that the above information is correct.

Name: _____ Signature: _____

Some personal conditions can be magnified at altitude, or aggravated by the activities involved in skydiving. Please help us to make your skydive as safe and comfortable as possible by answering the following questions fully. If you are unsure about any of the questions or acknowledgments, please refer your questions back to us through your Project K or CanTeen Coordinator before signing this form.

Relevant Medical Condition or other information (see following page):

Acknowledgment and Waiver of Liability

I have read the following page and understand the risks involved in undertaking a tandem skydive, which could include personal injury or death. I undertake the tandem skydive voluntarily and at my own risk. I hereby waive the right to any claim whatsoever pertaining to such risks against Jump Start NZ Ltd, participating tandem masters, their staff or employees or aircraft owner or operator. I further indemnify all these parties against any liability they may incur to anyone else, resulting from my failure or the failure of my child or ward under the age of 18 to follow their instructions.

I understand the hazards of aircraft propellers and will not go forward of the wing strut at any time.

I acknowledge and understand these conditions and accept the organizers' right to refuse to allow me to make a descent at any time they consider it inadvisable.

I declare that the information contained herein is, to the best of my knowledge, true and correct in every detail, and fully accept and understand the above conditions.

SIGNATURE OF PARTICIPANT: _____

Or if Candidate is under 18 years old

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

JUMP START SAFETY TERMS AND WAIVER OF LIABILITY

In undertaking this activity, you need to be aware that there is an element of risk involved. Parachute equipment even when operated correctly, packed and assembled correctly can malfunction possibly causing injury or death.

The staff and management of Jump Start NZ Limited, and participating Jump Start tandem masters take all practicable steps to identify and minimise potential dangers. However, you must follow our instructions at all times. Adults signing on behalf of a person under the age of 18 must be aware that the under age person must follow our instructions at all times. By signing this form you agree to indemnify the staff and management of Jump Start NZ Limited, and the Royal New Zealand Air Force, and participating Jump Start tandem masters against any liability we incur to anyone else, resulting from your failure to follow our instructions or the failure of any person under the age of 18 to follow our instructions.

WE RESERVE THE RIGHT to withdraw any person who in our opinion is likely to endanger themselves or others. We also reserve the right to cancel the skydive if we become concerned for any reason for your safety or that of any other person.

WARNING: Under New Zealand law it is extremely unlikely that you will be able to sue anyone if you are injured.

EXCLUSIONS: To the extent permitted by law, all liability for damage to your property, disruption to travel plans, or mental injury, is excluded. This exclusion is subject to any rights or remedies you may have under the Consumer Guarantees Act 1993.

HEALTH AND SAFETY: We do not recommend that you undertake a skydive if you are pregnant, have been scuba diving within 24 hours, suffer from spinal/back injury, limb dislocation or bone disease, or are recovering from surgery.

To help us assess your suitability to skydive, please list on the front page of this form any medical conditions or other relevant information, for example, asthma, allergies, heart conditions, epilepsy, nasal or sinus congestion, or if you suffer from severe motion sickness.

You are entitled to access any information we hold about you or request its correction at any time. We will not use the information you provide for any purpose other than the assessment of suitability to undertake the tandem skydive. We will not disclose this information to any third party.

In signing the first page of this document, I/we acknowledge that I/we have read and understood and accept the above safety terms and waiver of liability.

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