

JUMP START 2008
PARTICIPATING SKYDIVER WAIVER FORM
(ALL SKYDIVERS INVOLVED IN JUMP START 08 MUST COMPLETE THIS FORM)

Please print clearly

FIRST NAME: _____

SURNAME: _____

DOB: _____ AGE: _____

CONTACT PHONE:

(Mobile) _____ (wk) _____ (hm) _____

I AM PARTICIPATING AT JUMP START 2008 AS : *(Please circle one)*

TANDEM MASTER / CAMERA FLYER / SPONSORING SKYDIVER

CURRENT LICENCE *(Please circle one)*

A / B / C / D

(NOTE: TO PARTICIPATE AT JUMP START YOU NEED TO BE "B" LICENCE OR ABOVE AND MUST BE CURRENT)

TOTAL JUMP NO'S: _____ JUMP IN LAST 60 DAYS: _____

NZPIA Number: _____ Reserve Pack next due: _____

Acknowledgment 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 Ltd, will take all practicable steps to identify and minimise potential dangers. However, you must follow our instructions at all times. **You must indemnify Jump Start NZ Ltd and our staff, participating Tandem Masters, the Royal New Zealand Airforce and their staff 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. In addition, New Zealand's accident compensation scheme provides only limited assistance to visitors to New Zealand who are injured. We recommend that all visitors to New Zealand have full insurance covering any injury they might suffer, including medical treatment cover, before undertaking this activity.

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.

We do not recommend that you undertake a skydive if you are pregnant, been scuba diving within 24 hours, or suffer from spinal or back injury.

Please list on this form any medical conditions or other information we need to know to include you safely in this activity. For example: suffer severe motion sickness, asthma, allergies, dental conditions, heart conditions, epilepsy or suffer from nasal or sinus congestion. You are entitled to access any information we hold about you or request its correction at any time.

In signing this document, I/we acknowledge that I/we have read and understood the above safety terms.

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 PARTICIPATING SKYDIVER:

SIGN HERE: x _____ DATE: x _____