SKYDIVE ON THE VAAL PARACHUTE CENTRE FORM

Surname:	**Nick Name:**			
First Names:				
Postal Address:				
	Code:			
Residential Address:				
	Code:			
Identity Number:				
Contact Details:	Cellular:			
	Home: Work:			
	E-mail:			
Occupation:				
	Weight: Height: Name of Medical Aid:			
	Medical Aid Membership No.:			
	Medical Aid Contact No.:			
Next of Kin: (Non skydiver)	Name:			
	Relationship:			
	Contact Number(s):			
Residential Address (Next of Kin)				
	Code:			
PASA No.:		**Time in Sport:**	**No. of Jumps:**	
Existing License No.'s:	**A**	**B**	**C**	**D**
Current Ratings Held:				

Where did you hear about this skydiving centre?_____

I agree to abide by the terms and conditions of Skydive on the Vaal.
Terms and Conditions

- I can use the Skydive on the Vaal facilities during skydiving operations only.
- I will conduct myself in a professional manner at the parachute centre
- I'm responsible for replacement cost for any damage or loss of equipment, property as a result of a willful act or negligence
- I will be responsible for any of my guests and their actions

SKYDIVE ON THE VAAL INDEMNITY FORM

Full Name _____

1. I am over 18 years of age.
2. I do not suffer from any physical, psychological or chronic illness or disability
3. I am not on any medication, drugs or undergoing any course of treatment, nor influenced by alcohol that could affect my ability to engage in parachute training and/or carry out parachute descent.
4. I recognize and acknowledge the sport of parachuting is an activity involving an element of risk
5. For myself, my heirs, executors and successors

   INDEMNIFY AND FOREVER HOLD HARMLESS

   Skydive on the Vaal and associated companies and personal agents and contractors, against all claims, costs, damages and liabilities of any kind whatsoever (which includes acts or omissions whether due to negligence or otherwise), in respect of any physical or mental injury or damage to property of any degree or nature whatsoever caused by myself, my heir, executors or successors for anyone whomsoever resulting directly or indirectly from my parachute training and/or parachute descent.
6. I undertake the parachute training and/or parachute descent and/or passenger in aircraft voluntarily at my own risk.
7. I acknowledge and understand that due to the extreme conditions associated with filming and skydiving, No aerial footage can be guaranteed.
8. I have read and understand the above and agreed the above are the terms and conditions upon which I undertake the parachute training and/or parachute descent and/or passenger in aircraft.

MEDICAL HISTORY

Do you suffer from, or are you being treated for (tick the appropriate box):

Epilepsy	YES		NO		Ear problems	YES		NO	
Diabetes	YES		NO		Dizziness	YES		NO	
Heart condition	YES		NO		Infections	YES		NO	
Blackouts or dizzy spells	YES		NO			YES		NO	
High blood pressure	YES		NO		Eyes:	YES		NO	
Low blood pressure	YES		NO		Corrective Lenses	YES		NO	
Asthma	YES		NO		Singe eye/limited vision	YES		NO	
Previous Fractures:									
Legs	YES		NO		Briefly describe:				
Ankles	YES		NO						
Back	YES		NO						
Wrists	YES		NO						
Shoulders	YES		NO						

Are you currently under medication?	YES		NO	
Are you addicted to alcohol or other habit forming drugs?	YES		NO	

Blood Group: _____ Allergies: _____

Applicant's Signature: ..... Date: .....

Guardian's Signature: .....