

APPI PPG COURSE BOOKING FORM

PERSONAL DETAILS:

FULL NAME: _____ APPI PPG NO: _____

AGE: _____ DOB: _____ WEIGHT: _____ HEIGHT: _____

ADDRESS: _____

_____ PHONE: _____

MOB: _____ EMAIL: _____

IN AN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____

MOB: _____ PHONE: _____

COURSE LOCATION: _____ COURSE DATES: _____

INSURANCE DECLARATION:

I, (Initials) _____ understand I am only insured for 3rd Party cover under the School's Policy with AXA Insurance and that this does not cover me for Accident or Travel Insurance.

PREVIOUS EXPERIENCE AND INSURANCE DECLARATION:

I, (Initials) _____ have _____ hours flying _____

I, (Initials) _____ have Accident Insurance cover for the duration of the course with:

Insurer: _____ The Policy Number is: _____

ACKNOWLEDGEMENT OF RISK

PLEASE READ EACH SECTION OF THIS DOCUMENT CAREFULLY AND THOROUGHLY BEFORE SIGNING YOUR NAME. CHOOSING TO SIGN THIS WAIVER RESULTS IN YOU ACCEPTING THAT PARAGLIDING AND PARAMOTORING ARE POTENTIALLY DANGEROUS SPORTS THAT MAY RESULT IN YOUR DEATH OR SERIOUS INJURY. YOU ALSO AGREE TO NOT HOLD THE APPI PPG ORGANISATION, THE APPI PPG SCHOOL, DIRECTORS, INSTRUCTORS, EMPLOYEES AND LAND OWNERS RESPONSIBLE FOR ANY INCIDENTS WHICH MAY OCCUR DURING TRAINING WHICH ARE NOT A RESULT OF ANY NEGLIGENCE ON THE PART OF THE SCHOOL.

I, (Initials) _____ have read and clearly understand the cautionary statement above.

IMPORTANT STATEMENT:

In consideration of the APPI PPG school, hereinafter referred to as “the school”, allowing yourself, (Initials) _____, hereinafter referred to as “the participant”, to utilize facilities and participate in Paragliding, Paramotoring and its associated activities, it is agreed that:

1. ASSUMPTION OF RISK

The participant is fully aware that Paragliding, Paramotoring and all associated activities are calculated risk sports and contain inherent risks and dangers, including serious injury or death. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The participant voluntarily and freely chooses to incur any and all such risks and dangers.

I, (Initials) _____ understand that Paragliding and Paramotoring are Dangerous Sports.

2. EXEMPTION FROM LIABILITY

The participant hereby fully and forever discharges and releases the school, its owners or directors, employees, instructors, equipment manufacturers, and owners of land used for Paragliding and Paramotoring activities from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of any damages, both in law and equity, in any way resulting from incidents or property damages sustained by the participant arising out of training, Paraglider and Paramotor flights or any other vehicle operation, Paramotor or otherwise, or any other device of the school while on the ground or in flight, or while participating in any of the activities contemplated by this release. Exemption from liability includes loss, damage, or injury through no fault of the school’s or any other causes.

I, (Initials) _____ understand and agree with this statement.

3. INDEMNITY AGREEMENT

The participant agrees, for him/her self and his/her heirs, executors, administrators or assigns to indemnify the school, its owner, employees, instructors, successors, equipment manufacturers, or assigns, from any and all losses, claims, actions, or proceedings of any kind which may be initiated by the participant and or any other person or organization. This includes reimbursement of all legal costs and reasonable council fees incurred by the participant or the school, and indemnified parties, or any of them, for the defense of an incident where the school has not acted negligently which may hereafter arise directly or indirectly from the activities of the participant while engaged in training.

I, (Initials) _____ agree to pay the school’s costs if I initiate a lawsuit.

4. CONTINUATION OF OBLIGATION

The participant agrees and acknowledges that the terms and conditions of the above provisions, including ASSUMPTION OF RISK, EXEMPTION FROM LIABILITY and INDEMNITY AGREEMENT shall continue in full force and effect at all times, and shall be binding upon heirs, executors, administrators or assigns of the participant or his/her estate.

I, (Initials) _____ understand this contract is in effect now and any time in the future.

5. DISCLAIMER

Any and all Paragliding and Paramotoring equipment is specifically not warranted as being merchantable. Paragliding and Paramotoring training programs are not licensed by any governmental agency. The school is a member of several international formal and informal groups and associations who have various training procedures to which we the participant or school may or may not adhere. The school is the sole proponent for our program.

I, (Initials) _____ understand and agree with this statement.

6. TERMS OF INSTRUCTION

I understand that I am paying for instruction in the sports of Paragliding and/or Paramotoring and that does not guarantee my right to fly. I also understand that in the interests of safety the Instructor’s word is final.

I, (Initials) _____ understand and agree with this statement.

7. HEALTH AND FITNESS FOR TRAINING, PARAGLIDING AND PARAMOTORING

Paragliding and Paramotoring are strenuous physical and mental activities. We recommend a complete physical examination prior to Paragliding and Paramotoring. All participants agree to make the school aware, before starting the course, of any personal Medical or Physical conditions that may put them at an increased risk of injury or death whilst under instruction. All participants agree to refrain from taking any illegal or performance inhibiting drug for the duration of the course and also from drinking alcohol for 10 hours prior to engaging in Paragliding or Paramotoring activities.

I, (Initials) _____ understand and agree with this statement.

I HAVE CAREFULLY READ THE DOCUMENT AND FULLY UNDERSTAND THE CONTENTS AND IMPLICATIONS, AND SIGN IT OF MY OWN FREE WILL. I AM COMPLETELY AWARE THAT THE FINAL DECISION RESTS WITH ME, THE PILOT AND I CONSIDER MYSELF PHYSICALLY FIT ENOUGH TO COMPLETE A COURSE WITH THE SCHOOL.

Full Name of Participant: _____

Participant Signature: _____ Date: _____

Full Name of Witness: _____

Witness Signature: _____ Date: _____