

UK Parachuting Student Declaration

Before reading and signing this form we ask you to understand that the sport of skydiving/parachuting is an adventure sport. When skydiving/parachuting in such sports you must realise there is a risk of injury or death.

Student's name:

Age: Date of birth:

Address:

.....

.....

Post code:.....

Email address:

Tel numbers: Home: Mobile:.....

Please tick if you do not want us to email you information and special offers

Next of kin name:

Address:

.....

Tel Number:

BPA P6 (to be completed by UK Parachuting):

Where did you hear about us?

Internet search Friend or Family Social Media Leaflet/Advertisement

Declaration

I hereby acknowledge and agree that I shall abide by the rules and regulations of the British Parachute Association (BPA) and UK Parachute Services (UKPS) limited at Beccles Heliport. 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 UKPS, 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 that all instructors, videographers and packers associated with UK Parachuting are independent contractors. I understand that I am personally selecting, hiring and paying my instructors for their time and expertise.

Sign: Date:.....
(Parent/Guardian to complete below if applicant is under 18 years of age)

Parental/Guardian Consent

I (Block Capitals).....

Address:
.....

Tel numbers: Home: Mobile:.....

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.

Sign: Date:.....

Name:.....