

INDEMNITY



ASSUMPTION OF RISK AND RELEASE

I, the undersigned, hereby acknowledge that I have requested instruction and hands-on training from the paragliding/powered /hang gliding school detailed below (hereafter called the School), of my own free will, and with the intention of learning how to operate a paraglider or hang glider. I acknowledge that the sports of paragliding and hang gliding involve inherent risks, regardless of the quality of the instruction I receive, and the equipment I may be furnished with for the purpose of training.

I have been advised by the instructor that the School is unwilling to provide me with instruction and equipment unless I freely acknowledge the risk involved, and knowingly release the School from any claims I might otherwise assert, including claims based on improper instruction or unsafe or defective equipment. I therefore so acknowledge the risk involved, and discharge the School, instructors, assistant instructors, other pilots, SAHPA, the local flying Club, officials and members, and any landowners or their agents, freely and voluntarily from any and all claims that might be made on account of personal injuries and/or death that I might suffer while flying during my course of instruction, or while flying after completion of the course.

I am aware that my personal insurance or medical aid may be invalid unless I notify the company of my intention to participate in flying paragliders or hang gliders, personally or as a passenger.

I am over the age of 18 and execute this document prior to my first flight training session. I acknowledge that the School has made no representation or promise that I will be successful in learning the art of paragliding or hang gliding, to the point where I will be a safe pilot.

I agree to abide by the School rules, the SAHPA regulations, air space regulations, and the rules of any flying site used for training.

Signed at on this day of **DD / MM / YEAR**

Signature of applicant

Full name and surname (Print)

Date of Birth Age Weight

Postal Address

Tel Cell

Email:

Signature of parent/guardian if under the age of 18

School Name

Instructor Signature & Name

Contact number