

SKYDIVE HOOGVEEEN

PERSONAL DETAILS

Full Name		Country of residence	
Date of Birth		Mobile phone #	
E-mail address		IBAN account # (for refunds)	

EMERGENCY CONTACT

Name		Mobile phone #	
Relation to jumper		Other info	

SKYDIVING, LICENSE & GEAR INFO

License (level)		# of jumps	
Member of national skydiving org.		Reserve Repack valid until	

I declare to be aware of the following:

Participating in parachute jumping / skydiving is dangerous. This is done at my own risk.

1. Skydive Hoogeveen and all the organizations and persons involved with the skydiving operations are not responsible for any damages as a result of the preparation or execution of parachute jumps unless deliberation or gross negligence can be proven.
2. I declare the information on this form is correct
3. I agree to abide by all the (safety) regulations and instruction given by Skydive Hoogeveen and it's staff.

Date	
Signature	

SKYDIVE HOOGVEEEN

TO BE FILLED OUT BY A SKYDIVE HOOGVEEEN LICENCED SKYDIVING INSTRUCTOR

License and documentation checked		Reserve repack date checked	
Membership of national skydiving org		Gear checked	
3 rd part liability insurance		Cleared for formation jumping	

Name of instructor	
Date	
Instructor signature	

PLEASE HAVE THIS FORM
COMPLETELY FILLED OUT
AND SIGNED BY A SKYDIVE
HOOGVEEEN SKYDIVING
INSTRUCTOR BEFORE
HANDING IT TO MANIFEST