

REGISTRATION STATEMENT

2015
PLEASE PRINT CLEARLY

Full Name: FIRST: _____ LAST: _____ MI: _____

Address: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: MONTH: _____ DAY: _____ YEAR: _____ Sex: M F

Height: _____ feet, _____ inches Weight: _____ lbs Exit Weight: _____ lbs

USPA: _____ Exp. Date: MONTH: _____ YEAR: _____ License: _____
MEMBER NUMBER NUMBER/RATING & DATE ACQUIRED

Skydiving Status of Registrant *(Check One)*

Novice Jumper (Unlicensed) Experienced Jumper Non-jumping observer

Total Number of jumps: _____ Date of last jump: _____ Time in Sport: _____
MONTHS, YEARS

Container: _____ Main: _____ SQ FT Reserve: _____ SQ FT

Reserve Pack Date: _____ Form of AAD: _____ Malfunctions: _____
MONTH, DAY, YEAR ON THIS RIG

MEDICAL STATEMENT

In case of emergency the following information will be needed. Please leave documents such as insurance cards, with a friend or keep them on your person where they can be found if necessary.

Person to Notify - Name: FIRST: _____ LAST: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Alternate to Notify - Name: FIRST: _____ LAST: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Current Medications: _____

Allergies to Medications: _____

Other Allergies, Illnesses, or Medical Conditions: _____

I recognize that parachuting is a strenuous, athletic endeavor and that parachutists are subject to health risks not normally associated with other sports. I hereby certify that I do not suffer from physical or mental infirmities that could affect my ability to safely engage in parachuting and its related activities, and that I am not and have never been under treatment for the following conditions:

- | | |
|--|--|
| 1. High or low blood pressure | 6. Kidney or related diseases |
| 2. Fainting spells or convulsions | 7. Emphysema or shortness of breath |
| 3. Cardiac conditions/diseases | 8. Recent illness or injury |
| 4. Sight or hearing loss or impairment | 9. Plates, pins, screws, or other orthopedic devices |
| 5. Nervous disorders | 10. Dislocation or injury to any joint |

Parachuting under the influence of drugs or alcohol is prohibited by Federal Aviation Regulations and Spokane Turbine Skydiving, LLC / West Plains Skydiving.

Spokane Turbine Skydiving, LLC / West Plains Skydiving staff is in no way qualified to offer opinions about Medical conditions and how they could be affected by parachuting.

MEDICAL TREATMENT

In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in parachuting and related activities at Spokane Turbine Skydiving, LLC / West Plains Skydiving, I authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf.

INITIALS

STATEMENT OF MEDICAL INSURANCE

Your current medical insurance company: _____

Policy number or SSN: _____

IF YOU DO NOT HAVE MEDICAL INSURANCE PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I am not covered by medical insurance and I understand Spokane Turbine Skydiving, LLC / West Plains Skydiving and all related parties carry no liability insurance. In spite of warning about the dangers of Parachuting, I intend to engage in parachuting activities even though I am not insured. This is a conscious decision on my part and I expressly and voluntarily assume all risk and responsibility for injury or death sustained while participating in parachuting activities.

Signature of Participant: _____ Date: _____

MONTH, DAY, YEAR

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration for being permitted to utilize the facilities and equipment of West Plains Skydiving, for the purpose of parachute jumping, ground instruction, flying, and other related activities, I (*print name legibly*) _____ being of lawful age (18 or older) enter into the following agreements with West Plains Skydiving.

2. Parties Involved in the Agreement:

I understand that this Agreement, Release of Liability and Assumption of Risk includes, but is not limited to, West Plains Skydiving, and any of its officers, agents, customers, associated entities, employees, volunteers, pilots, instructors, jumpmasters, the owners of the aircraft, the City of Ritzville, the owners of any land utilized for skydiving / parachuting activities, adjacent property owners, the United States Parachute Association and its members, manufacturers, distributors and dealers of skydiving equipment, anyone working with or for West Plains Skydiving, any manufacturer of any piece of equipment or gear which I may use or am using at the time of my INJURY or DEATH and anyone involved in any way, shape, form, or manner in my skydiving / parachuting activities, and specifically including but not limited to tandem or experimental test parachute jumping to include tandem parachute jumping, hereinafter collectively referred to as "released parties," and myself, to include my legal representatives, spouse and family members, heirs, and assigns.

INITIALS

3. Assumption of Risk

Parachuting activities, including ground instruction, parachute jumping, flying, and related activities are inherently dangerous, injuries requiring professional medical care are not uncommon, and serious injury or death can and has resulted from participation in parachuting activities. Not all of these risks can be foreseen or prepared for, or avoided, to the extent that even if I do everything as I was trained to do and all equipment functions properly, I can still be injured or killed. An inherent risk associated with skydiving is related to proximity near, boarding onto, flying in and exiting from aircraft. Aircraft present a high risk on the ground associated with propellers of idling aircraft. It is mandatory that jumpers remain behind the wings of all aircraft at all times. The flight to jump altitude involves one of the significant risks of the sport. It is possible that the heavily loaded plane could develop engine failure and need to make an emergency off-airport landing. This could result in significant injury or death to occupants in the aircraft. It is also possible to experience aircraft instability or inadvertent damage while jumpers are exiting the aircraft. This could result in injury or death to occupants in the aircraft. I understand that aircraft are the means to attain altitude to skydive and I am willing to assume that risk to participate in skydiving activities.

INITIALS

4. Do you understand that you can be seriously injured or killed from parachuting and its related activities?
(Check One) Yes No

INITIALS

5. Nature of Parachuting Equipment and Aircraft

I understand that parachutes and aircraft, and their related equipment, are designed, constructed, maintained, and operated by fallible human beings. Specifically, I understand and agree that the implied warranties of merchantability and fitness for a particular purpose and all other warranties, express or implied, are excluded from this transaction and that all equipment is purchased, rented, borrowed, or used in any way "as is".

INITIALS

6. Nature of Participants in Parachuting Activities

I acknowledge that pilots, instructors, jumpmasters, radio operators, mechanics, my fellow parachutists, and all others involved with parachuting are fallible human beings, capable of making mistakes that could result in my injury, suffering, or death.

INITIALS

7. Voluntary Nature of Participation

I agree that parachuting is of little value to society and that I am not under any compulsion to ride in or jump from an airplane. My participation is only for personal satisfaction and is entirely voluntary.

INITIALS

8. Release from Liability, Including Negligence

I agree that the released parties are in no way responsible for my safety, and I release them from any liability for my safety whether or not my losses, injuries, suffering, or death was caused by their negligence, including improper action or failure to act.

INITIALS

9. Agreement Not to Sue

In consideration for being permitted to engage in parachuting activities by the released parties, I promise not to sue the released parties or make any claims against them for damages, injuries, suffering, or death, even if these are wholly or partially a result of negligence by the released parties. I further instruct my heirs, spouse, and family members, legal representatives, and assigns to abide by my agreements with the released parties, including my promise not to sue.

INITIALS

10. Option to Purchase a Revised Agreement

I am aware that my right to due process of law cannot be waived, and that the above promise is a contractual agreement in return for the opportunity to participate in parachuting activities. I have been offered the opportunity to purchase a revised document, omitting only the Agreement Not to Sue, for a price of \$300.

I have chosen to (Circle One) a. purchase b. not purchase the revised document.

INITIALS

11. Agreement to Indemnify and Hold Harmless

I agree to indemnify and hold harmless the released parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any actions brought as a result of my participation in parachuting activities.

INITIALS

12. Acceptance of Financial Responsibility

I understand that the released parties have no personal accident insurance or general liability insurance. I agree that I am solely responsible for any expenses, medical or otherwise, that I may incur from participating in parachuting activities. I also agree that the released parties are in no way responsible to myself, my spouse and family, or my heirs for any hardship from loss of income or from expenses that may result from my injury or death. Furthermore, I agree to indemnify the released parties for any loss, liability, damage, or cost that they may suffer due to my presence in or upon their facilities and equipment.

I also understand that West Plains Skydiving, is not responsible for lost, stolen, or damaged items.

INITIALS

13. Media Release

I agree that if my image appears on any film or videotape taken at West Plains Skydiving, I am willing to allow West Plains Skydiving to use it for publicity, informational, or entertainment purposes at no charge. I also state my willingness to be named in such materials.

INITIALS

14. Continuation of Obligation

I agree that all of the terms of this document apply any time now and in the future that I am engaged in parachuting and related activities at West Plains Skydiving.

INITIALS

15. Venue, Arbitration, Enforceability, and Ambiguities

I agree that any actions arising from my participation in parachuting activities will be submitted to arbitration by an arbitration board chosen by the released parties and that I will abide by the decisions of this board. I further agree that jurisdiction for any legal action arising out of matters that are the subject of this document will be in Spokane County, Washington. I also agree that any ambiguities in this document shall be construed in the favor of the released parties, and that if any one clause of the document is deemed invalid, the balance of the document will nonetheless continue in full force.

INITIALS

16. Do you understand that by signing this document you are giving up important legal rights in exchange for the opportunity to participate in parachuting activities, and that this document can and will be used against you in a court of law, and that similar documents have been upheld in several states.

(Check One) Yes No

INITIALS

In spite of the above warning, do you fully consent to all of the terms of this document and sign it with complete understanding and free will?

(Check One) Yes No

INITIALS

Signature of Participant: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT MARK INSIDE THIS BOX

I certify that the participant asserted clear understanding of the nature-and-effect of this agreement and release of liability.

Signature of Representative of the Released Parties:

Date: _____