



BOOKING FORM

COURSE _____ DATES _____

NAME _____ D.O.B _____ WEIGHT _____ KG

ADDRESS _____

CITY _____ COUNTY _____ POST CODE _____

PHONE(_____) _____ MOB _____

IN CASE OF ACCIDENT, NOTIFY: _____

_____ RELATIONSHIP _____

PHONE (_____) _____ MOB _____

EMAIL _____ PASSPORT NUMBER _____

FLIGHT DETAILS

OUTWARD AIRPORT _____ ARRIVAL AIRPORT _____

DATE _____ FLIGHT NR. _____ DEP. _____ ARR. _____

RETURN AIRPORT _____ ARRIVAL AIRPORT _____

DATE _____ FLIGHT NR. _____ DEP. _____ ARR. _____

TRAINING STATUS, (please initial):

I, (initial) _____, have _____ hours logged flying paragliders. I, (initial) _____, have made approx' _____ paragliding flights. I, (initial), _____ am a, _____ rated pilot.

I am a fully paid up member of the, (assoc') _____

My membership No. is _____

GLIDER MAKE _____ MODEL _____ COLOUR _____

CAUTION:

READ EACH SECTION OF THIS DOCUMENT CAREFULLY AND THOROUGHLY BEFORE SIGNING OR INITIALING YOUR NAME. CHOOSING TO SIGN THIS WAIVER RESULTS IN YOUR GIVING UP CERTAIN VALUABLE LEGAL RIGHTS TO SUE **DEAN CROSBY**, TRADING AS **ACTIVE EDGE AIRSPORTS** or **ACTIVE EDGE LIMITED**, ITS EMPLOYEES, AND INSTRUCTORS AS WELL AS THE OWNER AND MANUFACTURER OF ANY EQUIPMENT USED AND THE OWNER OF ANY LAND UTILISED FOR PARAGLIDING ACTIVITIES, FOR ANY PERSONAL INJURIES OR DEATH YOU MAY SUFFER AS A RESULT OF THE TRAINING, EQUIPMENT OR SUPERVISION PROVIDED IN CONNECTION WITH PARAGLIDING ACTIVITIES.

I have read and clearly understand the cautionary statement above.

Date _____ Signature _____

In consideration of DEAN CROSBY trading as, "ACTIVE EDGE AIRSPORTS or ACTIVE EDGE LIMITED", all hereinafter referred to as "the school", allowing yourself, _____, hereinafter referred to as "the participant", to utilize facilities and participate in paragliding and it's associated activities, it is agreed that:



1. ASSUMPTION OF RISK

The participant is fully aware that paragliding and all associated activities is a calculated risk sport and contains 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.

PARAGLIDING IS A DANGEROUS SPORT

_____ Initial if you understand and agree.

2. EXEMPTION FROM LIABILITY

The participant hereby fully and forever discharges and releases the school, it's owners or directors, employees, instructors, equipment manufacturers, and owners of land used for paragliding 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 personal injuries, conscious suffering, death, or property damages sustained by participant arising out of training, paraglide flights, or any other vehicle operation, parachute 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 from negligence of the school or any other cause or causes.

_____ Initial if you understand and agree.

3. DISCLAIMER

The school does not provide any insurance, either medical or liability, for any incident which may arise as a result of participation in any phase of paragliding or paragliding instruction/training. **WARNING:** Any and all paragliding equipment is specifically not warranted as being merchantable. Paragliding 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.

_____ Initial here if you understand.

4. TERMS OF USE OF EQUIPMENT AND INSTRUCTION

I agree to pay for all damages to or loss of equipment belonging to DEAN CROSBY or the school, resulting from my use, whether damage is intentional or unavoidable. I understand that I am paying for instruction in the sport of paragliding and that does not guarantee my right to fly.

_____ Initial if you understand.



5. HEALTH AND FITNESS FOR TRAINING AND PARAGLIDING

Paragliding is a strenuous physical and mental activity. We recommend a complete physical examination prior to paragliding. All participants agree to refrain from taking any drug including alcohol for 12 hours prior to engaging in paragliding activities. I testify that I am physically able and do not now or have suffered from any conditions that could affect my ability to participate in the sport of Paragliding. These include but are not limited to: Epilepsy, Diabetes, Vertigo, Dizziness or any heart condition etc.

6. FLYING CONDITIONS & LOST DAYS

I understand that the instructors decision to cease flying or terminate the course of any student for whatever reason to be final and binding. I understand that deliberate failure to comply with instructions concerning flying and general conduct throughout the course may result in expulsion without recompense. For safety the instructors reserve the right to refuse to train any person they consider unfit, ill prepared or improperly equipped in any way to continue his/her tuition. The laws of England shall apply to this contract.

Every care is taken to select appropriate overseas venues to give the best possible flying conditions. However, it's not possible to guarantee the weather for Paragliding, for this reason we try to organise alternative activities, sight seeing etc.

Our aim, on all EP & CP courses is to complete as many tasks as possible. If some tasks are not completed, it's possible to complete in the Yorkshire Dales for a fixed fee of £250, until qualification. If a minimum of 3 days training are not achieved, we will time credit up to a maximum of 3 days, to be taken in the Yorkshire Dales within 6 months of course commencement.

_____ Initial if you understand.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS, AND SIGN IT OF MY OWN FREE WILL. I AM COMPLETELY AWARE THAT THE FINAL DECISION RESTS WITH ME, THE PILOT. I CONSIDER MYSELF PHYSICALLY FIT ENOUGH TO COMPLETE THE ACTIVE EDGE PARAGLIDING COURSE.

Signed

Date

Please return this form and a cheque for the deposit of £200 made payable to 'Active Edge Airsports' the balance to be paid no later than 6 weeks prior to course commencement.

Active Edge, Unit 153, The Mill, Glasshouses, Harrogate, HG3 5QH Tel: 0845 129 8286
Thank you. Dean J. Crosby