

FALLSCHIRMSPORTZENTRUM SAAR
Waiver



First name: _____ Surname: _____

Date of birth: ____/____/____ (DD/MM/YYYY)

Address: _____
Street Zip Town Country

Phone: _____
privat business mobile

Fax: _____ e-mail: _____@_____

EQUIPMENT:

rig: _____

main: _____

reserve: _____ repack valid until: ____/____/____ (DD/MM/YYYY)

AAD: YES NO Type: CYPRES VIGIL ARGUS FXC Other

DOCUMENTS: License-Nr.: _____ valid until: ____/____/____ (DD/MM/YYYY)

Liability-Insurance: _____ valid until: ____/____/____ (DD/MM/YYYY)

JUMP EXPERIENCE:

| | | | |
|--------------------|-------------------------|---------------------------------|--|
| _____ | _____ | _____ | _____ |
| Total nr. of jumps | jumps last 12 months | jumps on present main canopy | _____ wing load on main WINGLOAD canopy (= total mass (body mass + equipment) in pounds (lbs) divided by canopy size (lbs:sqft) (kg : 0,453 = pounds lbs) |

EMERGENCY CONTACT:

Name: _____

Address: _____

Phone: _____

REMARK:

- For the sake of safety and the prevention of accidents and injuries we urgently ask you,
- to respect a minimum opening altitude of 800 m resp. 2.630 ft. above GND,
 - to land only in the dedicated landing areas,
 - not to fly any aggressive maneuvers while under canopy,
 - to fly a -preferably- left hand pattern to the final landing approach.

PERSONAL DECLARATION:

I am holder of a valid parachuting license and do have the required liability insurance coverage including damages to the aircraft. I further state that the parachute system, which I use, is in an airworthy condition according to the National law of my home country and the manufacturer's instructions for continued airworthiness. I am aware that I, myself, am exclusively responsible for the airworthiness of my complete jump equipment. Nevertheless I agree to a randomly executed equipment check through the DZ operator. I expressly release the DZ operator from any liability, which could arise through the operation of my skydiving equipment.

WE HAVE THE RIGHT TO EXCLUDE YOU AND/OR YOUR EQUIPMENT FROM THE JUMP ACTIVITY AT ANY TIME!!

Place: _____ Date: _____ Signature: _____