

# Skydiving Participant Release Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

## Emergency Contact

Contact Name

Contact Phone

Relationship

## Health Information

Do you have any medical conditions?

☐ Yes ☐ No

If yes, please specify

## Release and Waiver

I understand and acknowledge the risks associated with skydiving activities. I hereby release and discharge

the organizers, instructors, and facility from all liability, claims, demands, or causes of action.

☐ I have read and agree to the terms and conditions above.

## Signature

Participant Signature

Date