

Paragliding Consent and Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Relationship

Agreement

I acknowledge that paragliding involves inherent risks, including potential injury or death. I voluntarily assume all such risks and agree to release and hold harmless the company, its instructors, agents, and affiliates from any and all liability.

I confirm that I am in good physical condition and have disclosed all medical conditions relevant to my participation. I have read and understand this waiver and consent form.

Signature

Signature

Date

