

Skydiving Acknowledgement of Risk Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Acknowledgement of Risk

I acknowledge that skydiving is an inherently dangerous activity and involves risks that may result in serious injury or death. I voluntarily assume all risks associated with my participation in any skydiving activity, training, or events related directly or indirectly to skydiving.

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I have read and understand the risks involved in skydiving.

Medical Declaration

Please list any medical conditions or medications

Emergency Contact Name

Relationship

Emergency Contact Phone

Participant Signature

Date