



**IFLY Jump Experience – Declaration of Risk**

**Participants Name (PRINT):** \_\_\_\_\_

**Participants Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Assumption of Risk**

The undersigned hereby acknowledge and agree that they understand the nature of the IFLY Jump Experience; that they in good health (free from any previous dislocations, heart, back, neck, spinal problems), and are in proper physical condition to participate in the IFLY Jump experience safely. They, knowingly and voluntarily, accept, and assume responsibility for all risks and dangers that could arise out of, or occur during their participation in the IFLY Jump Experience activity. They agree to follow the instructions of staff at all times whilst within the indoor skydiving area and will stay behind all set boundaries until called forward by an indoor skydiving instructor.

**Please read and circle the appropriate answer:**

Do you or have you ever suffered from any joint dislocations?

**Yes**            **No**

If yes, give details:

Do you suffer from any medical conditions which may be aggravated by high winds or intense physical activity (Heart, Back, Neck, Spinal, respiratory, Pregnancy etc)?

**Yes**            **No**

If yes, give details:

Do you understand fully the “Assumption of Risk” statement and acknowledge the associated risks involved with the indoor skydiving activity?

**Yes**            **No**

**Participant Signature:** \_\_\_\_\_

**Signature of Guardian if Participant is under 18 years:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_