



iFLY Jump Experience - Declaration Of Risk

Participant Name: _____

Participant Age: _____ Date Of Birth: _____

Assumption Of Risk

The undersigned hereby agree and acknowledge that they understand the nature of the iFLY Jump Experience, that they are in good health - free from any previous dislocations, heart, back, neck and 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, please give details:

Do you suffer from any medical conditions which may be aggravated by high winds or intense physical activity? (Such as heart, back, neck, spinal, respiratory issues or pregnancy?) Yes No

If yes, please give details:

Do you fully understand the 'Assumption Of Risk' statement, and acknowledge the associated risks involved with indoor skydiving? Yes No

Can you confirm that you are within the iFLY weight restriction of less than 18 stone? Yes No

Participant Signature: _____

Signature of Guardian (if participant is under 18): _____