

**DECLARATION OF FITNESS FOR HANG GLIDING, PARAGLIDING,
FLYING ULTRALIGHTS
AND/OR LIGHT SPORT AIRCRAFT**

(Hereinafter collectively called Flying)

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Flying activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

Even if I have a health condition as stated above of which I may be unaware, by signing this form I still choose to participate in the Flying activity and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Flying activities, I will notify the Instructor immediately.

I have read the above Declarations, understand them, and I agree to be bound by them.

S/ _____ Name of Adult Participant (Please Print) _____ Date _____
Signature of Adult Participant

Address of Adult Participant _____ Phone # _____
S/ _____

Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have _____
Name of Parent or Guardian (Please Print) _____ Date _____

_____ Phone# _____
Address of Parent or Guardian

Name of Minor/Please Print _____ Date _____