## **Contract of Transportation and Liability Waiver**



Tandemmaster (Name)	Tandemrig		O Gutschein-Nr		
Videoflyer (Name)		○ Photo	O DVD+Photo	OBAR_	€
I, (tandem passenger)					
Address					
Zip codeC	ity				
Profession		DOB.	W	eiaht	ka

## intend to do a tandem jump with

m Manifest odor Tandommaster auszufüllen

Mr. / Ms. ..... (tandem pilot).

I hereby acknowledge that I must inform my tandem pilot if I have had, or am affected by any of the following medical conditions:

Major injury(s) within the last 12 months (broken bone(s), torn ligament(s), concussion, etc.)
Serious illness within the last 12 months (heart disease, back injury, high blood pressure, inner organs, etc.)

- Mental illness within the last 12 months (including a loss or impaired state of consciousness, drug / alcohol abuse)

- Strong medicines, drugs or alcohol consumption during the last 12 hours.

I further confirm that I, Mr. / Ms. ..... have received and fully understood preparation training for my tandem jump. This training included:

- How to behave on the airfield and how to approach the airplane
- Body position during exit, freefall, descent under canopy and landing
- Risk assumption and insurance information

I was particularly instructed that:

- I should keep an arched body position during the entire freefall sequence!
- I must not hold on to the tandem pilot or grab anything else I was not instructed to!
- I must raise my legs for the landing and support them with my hands at the back of the knees!
- I must not try to absorb the energy of the landing by fending off the ground with hands or legs!

## I understand that the chances of sustaining a serious injury substantially increase if I do not follow these instructions.

This text has clearly informed me that, even though tandem jumping nowadays is a common, safe and fun activity, that there is still a potential risk of serious injury or death. I'm informed that even though the greatest care is taken, life threatening situations can still occur. Especially during the landing phase, a variety of situations can arise which could lead to injuries such as bruising, broken bones or concussion. The potential risk factors during the canopy flight and landing phases are increased by the influence of wind and weather. Fallschirmsportcentrum Südpfalz e.V., Flugplatz, 76889 Schweighofen, Direktkontakt: Telefon Betriebsleiter 24h: 0176 – 63137282 oder www.fsc-suedpfalz.de A rough flight or a hard landing is always a possibility. Finally, I clearly understand and accept the extreme risk caused by a complete malfunction of both main and reserve parachutes.

Despite these risks, I still want to jump as a tandem passenger. By signing this contract, and within the bounds of the existing law, I release all parties involved from any liability arising from my decision to jump out of a plane as a tandem passenger. In the case of third party claimants, I also absolve (within the bounds of the existing law) the tandem pilot and owner of the tandem system of any liability over and above that of the tandem pilot / owner's insurance cover.

I am hereby informed that I have the right to inspect all insurance and airworthiness documents pertaining to the tandem parachute system, including the tandem pilot's license. Furthermore all tandem jumps on this drop zone abide by the rules of the German Aviation Authorities (BMVBW, LBA) and the German Parachute Association (DFV e.V.) as the national representatives. The tandem jumps are offered to support the sport of skydiving and parachute jumping.

If I decide not to jump from the airplane upon reaching the exit altitude, I accept that there cannot be a refund of money, due to the costs already caused up until that point. If there is a video/photo booking, refunds will be given only in the case of a malfunction of the video or photo camera. Because of the special circumstances when taking photographs or filming in freefall, every still photograph or video footage is unique and can be very different to any advertised example. Finally, demands for specific contents or camera angles are not accepted. I'm herby informed that if I wear contact lenses on my jump, that the strong air flow can cause a loss of one or both lenses. Once back on the ground there is often a chance to re-find a lens inside the eye protection goggles.

- This information is for my tandem pilot regarding contact lenses: O Yes / O No

By signing this document, I confirm that I have personally read the text of this agreement and that I thoroughly understand all contents and meanings. Any questions I had concerning the intended tandem jump have been answered satisfactorily.

(location. date)

(signature of tandem passenger or the legal guardian in case of minor (under 18))

(signature tandem pilot)

## After accomplishment of tandem jump:

I, \_\_\_\_\_\_, hereby confirm, that the parachute tandem jump I've conducted today, has been accomplished without any incident. I haven't sustained any injury or distraction and I'm comfortable.

(location, date) (printed name, signature)