



LEGAL CONSENT FOR MINORS

Minor child name:		Date of birth:
Parent or tutor name:		Relationship:
Address:	City:	Postal code:
Phone:		

INITIALS

I hereby certify that I do exercise of parental authority or that I am tutor of the minor child named above.

I realize and hereby acknowledge that my child (pupil) intends to practice parachute jumping and more particularly to do free fall parachuting from a plane or airplane.

I recognize having received instruction that Canadian Sport Parachuting Association advises the parachute jumpers to be eighteen years old or more.

I recognize and hereby acknowledge that parachute jumping is a RISKY SPORT that can and does cause INJURIES OR EVEN DEATH of his participants. Nevertheless, I allow my minor child (pupil) to practice this sport the way he wants and as often as he wishes too.

In my personal name and in quality of tutor or any having charge at any degree of my child (pupil), I IRREVOCABLY RENOUNCE to pursue or prosecute anyone and to claim any damages in regard to any injury or death be occurring to my child (pupil) and being caused by parachute jumping. This waiver of rights to lawsuits is being given in favor of Parachute Montréal Inc., his members, employees, servants, agents, share holders, and also the pilot and the owners of any plane used for training and all those supplies equipment, license, etc., and the owners of the parachute landing areas. This waiver is equally binding on my heirs, survivors, assignees, testamentary executors, administrators and legal representatives.

This waiver of rights to lawsuits arising as a result of any accident or incident on any grounds whatsoever occurring to my child (pupil) will apply to me even if it may cause injuries or death to my child (pupil), INCLUDING BY ANY NEGLIGENCE OR FAULTS of any persons mentioned in the second preceding paragraph.

I recognize having received instruction that my child (pupil) will have to sign a form regarding the assumption of all risks and hazards contained by sport parachuting, including waiver of rights to lawsuits arising on the grounds above mentioned and in favor of any persons also named in the above paragraphs, and I do authorize him to sign this document.

MEDICAL STATEMENT FOR PARACHUTE JUMPING

I hereby certify that my child (pupil) is not under treatment or do not suffer for any physical infirmity or uncontrolled chronic ailment or injury of any nature, and that my child (pupil) has normal vision or wears corrective lenses, and that my child (pupil) has never been subject to shoulder dislocation. I hereby certify that my child is physically and psychologically fully capable of practicing parachute jumping.

PLEASE TRANSCRIBE THE FOLLOWING SENTENCE AND SIGN : «I have read and understood the above waiver».

I understand and accept on my own will everything included in the present waiver,
in Saint-Esprit, dated :

PARENT OR TUTOR NAME (BLOCK LETTERS) :

PARENT OR TUTOR SIGNATURE:

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