

C.S.P.A.

LEGAL CONSENT MINOR

I hereby certify that I do exercise parental authority or that I am the legal guardian of the minor child named :
_____ (student jumper name).

I realize and hereby acknowledge that my child (student jumper) intends to practice parachute jumping and more particularly to do freefall parachuting from an airplane. I recognize that the Canadian Sport Parachuting Association advises that parachute jumpers should be age of majority or older.

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

In my personal name and in capacity parent or legal guardian or having any charge at any degree of my child (student jumper), I IRREVOCABLY RENOUNCE to posture or prosecute anyone and to claim any damages in regard to any injury or death occurring to my child (student jumper) and being caused by parachute jumping. This waiver of rights to lawsuits is being given to favor of (dz name) _____, its members, employees, servants, agents, shareholders, and also the pilot and the owners of any aircraft used for the training and all those supplies, equipment, licenses, etc., the owners of the parachute landing areas and the Canadian Sport Parachuting Association.

I furthermore agree that 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 (student jumper) will apply to me even if it may cause injuries or death to my child (student jumper), INCLUDING BY ANY NEGLIGENCE OR FAULTS of any person mentioned in the second preceding paragraph. I recognize that my child (student jumper) will have to sign a (dz name) _____ waiver 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/her to sign this document.

MEDICAL STATEMENT FOR PARACHUTE JUMPING

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

(Please print) Father's name

(Please print) Mother's name

Address

Address

Town, Province, Postal Code

Town, Province, Postal Code

Phone number including area code

Phone number including area code

I HAVE READ AND UNDERSTAND THIS FORM.

I HAVE READ AND UNDERSTAND THIS FORM.

Signature (father) Date

Signature (mother) Date

Signature of Drop Zone Operator
(dz name) _____

Date