

# INDEMNITY

I, the undersigned (name) \_\_\_\_\_  
being an applicant for membership of EP Skydivers, as per the application overleaf hereby place on record that I participate in all skydiving activities at my own risk, and, being aware of all the hazards involved in parachuting, do hereby for myself, my heirs, executors and assigns, indemnify EP Skydivers and/or any member of my family for any loss or injury sustained by me as a result of anything done or omitted by the said skydiving school, and/or its members and or its servants and/or its agents up to and including my date of application for membership and/or during the period of my membership.

## MEDICAL HISTORY

Do you suffer from, or are you being treated for : (circle which is applicable)

Epilepsy	Yes / No
Diabetes	Yes / No
Heart Condition	Yes / No
Blackouts or Dizzy Spells	Yes / No
High Blood Pressure	Yes / No
Low Blood Pressure	Yes / No
Asthma	Yes / No
Ear Problems	Yes / No
Dizziness	Yes / No
Infection	Yes / No
Eyes	Glasses / Contacts / Single Limited Eye Vision

## PREVIOUS FRACTURES:

Legs	Yes / No
Ankles	Yes / No
Back	Yes / No
Wrist	Yes / No
Shoulders	Yes / No
Are you presently taking any medication?	Yes / No
Are you addicted to alcohol or other habit forming drugs?	Yes / No

Blood Group: \_\_\_\_\_ Allergies: \_\_\_\_\_

I hereby except the terms of this indemnity and certify that all information supplied above is correct to the best of my knowledge

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ (day)

of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Applicant's Signature: \_\_\_\_\_

Full Names : \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ (if under 21)

As Witness: \_\_\_\_\_