

LAST NAME	FIRST NAME	MI	EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE	DATE OF BIRTH	DRIVERS LIC. #	HEIGHT	WEIGHT(LBS)
EMPLOYER	OCCUPATION		BUSINESS TELEPHONE	
BUSINESS ADDRESS		CITY	STATE	ZIP

PERSON TO NOTIFY IN CASE OF ACCIDENT

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Business Phone: _____

REFUND POLICY

- **The required \$50 deposit to hold your reservation is non-refundable.**
- Deposits are valid until the date for which the deposit was made or up to 1 year if Skydive Milwaukee must postpone your jump.
- If you choose not to jump once you are in the plane, there is no refund.
- If the weather is bad and you do not get to jump because of the weather, you will be asked to reschedule within 30 days.
- If for any reason you change to a tandem jump after you have sat through AFF class, you are still responsible for the class instructor fee in addition to the tandem jump price.
- If you choose not to get in the plane and jump after you have been trained, you can receive a refund, minus the \$50 deposit, and minus the instructor-training fee. (varies depending on the type of jump)
- If you pay by credit card, you will be refunded on that credit card minus an 8% processing fee.

PHOTOGRAPHIC RELEASE

I hereby authorize Sky Knights Sport Parachute Club, Inc., its employees, agents, or members to take any photographs and videos as they may deem appropriate of myself or my party and to use those photographs in such a manner, as they may deem appropriate and specifically waive any interest, proprietary or otherwise, I may have in such photographs. INITIAL ()

STATEMENT OF MEDICAL FITNESS

I, the participant, represent and warrant that **I have no physical infirmities**, except as listed below; am not under treatment for any physical infirmity or chronic ailment or injury of any nature; and have never been treated for or diagnosed to have any of the following: cardiac or pulmonary conditions or diseases, diabetes, fainting spells or convulsions, nervous disorders, kidney or related diseases, high or low blood pressure, or any other disability which might in any way affect my ability to participate in skydiving, parachuting, flying or related activities.

LIST INFIRMITIES: (Write "None" if none)

I further represent and warrant that **I have not consumed any alcohol today** and that I have not smoked, inhaled, or otherwise consumed any illegal substance today.

I further represent and warrant that I am **NOT PREGNANT**.

I have **read and acknowledge** the Refund Policy, Photographic Release and Statement of Medical Fitness and have accurately filled in my personal information and accident notification information. Furthermore, I authorize Sky Knights Sport Parachute Club, Inc. to release all information contained on this form to emergency personnel in the event of an accident.

Signature: Date: Office Staff: