

International Airborne Society
 1910 Madison Ave Ste 18
 Memphis TN 38104 USA
 (901) 309-9443

Registration Form
 for Airborne Operation in

 (Country)



Participant Information				Parachutist Qualification Data (Jumpers Only)	
LAST NAME				JUMPER	Check One
				NON-JUMPER	
FIRST NAME, M.I.				DATE OF BASIC PARACHUTE TRAINING	
ADDRESS				LOCATION OF JUMP SCHOOL	
CITY, STATE, ZIP				DATE AND PLACE OF LAST JUMP	
PHONE				TOTAL NUMBER OF JUMPS	
E-MAIL				UNIT OF MILITARY AIRBORNE SERVICE	
DATE OF BIRTH	AGE	HIGHT	WEIGHT	SERVICE NUMBER	

Rank and Name as you would like it to appear on your certificate	
RANK	NAME

Travel Information	Passport Information																
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Emergency Contact Information (Optional)		
NAME	RELATIONSHIP	PHONE NUMBER

I hereby make application to participate in the above referenced Airborne Tour under the terms and conditions of the International Airborne Society, which I am familiar with. (A printed copy of the terms of participation is available upon request, or may be viewed at www.AirborneSociety.com/terms.htm) I further state that my representations in this registration form, and all supporting documentation, are true and correct.

DATE	SIGNATURE
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Please return the completed form to the International Airborne Society at the above address, along with the following additions items: (Incomplete Forms, or missing items will delay registration and may preclude participation) :

- Medical Statement and Liability Waiver Form
- Parachutist Qualification Verification (Xerox copy of DD 214, or School Certificate, or Orders)
- Xerox copy of your passport (Personal Data Page)
- US\$ 500 down payment of tour cost (Balance is due NLT the published registration deadline)

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Medical Statement and Liability Waiver



Last Name	First Name	Middle Initial(s)

Date of Birth	Age

Resident of (City)	State	Country

I, THE INDIVIDUAL NAMED ABOVE, RECOGNIZE THAT PARACHUTING IS A STRENUOUS ATHLETIC ENDEAVOR REQUIRING ME TO BE IN GOOD PHYSICAL CONDITION. I HEREBY CERTIFY THAT I DO NOT SUFFER FROM ANY PHYSICAL INFIRMITIES OR CHRONIC ILLNESS WHICH WOULD AFFECT MY ABILITY TO ENGAGE IN SAID TRAINING, AND THAT I AM NOT NOW UNDER TREATMENT FOR ANY CONDITION INCLUDING, BUT NOT LIMITED TO, CARDIAC OR PULMONARY DISEASE, HIGH OR LOW BLOOD PRESSURE, SHORTNESS OF BREATH, HEARING LOSS OR IMPAIRMENT, NERVOUS DISORDER, KIDNEY OR RELATED DISORDERS, FAINTING SPELLS OR CONVULSIONS, SPINAL OR RELATED INJURIES, DIABETES, BROKEN BONES, BLURRED VISION OR EYE RELATED INJURIES, OR MUSCULAR RELATED INJURIES.

I FURTHER CERTIFY THAT I AM NOT ON ANY REGULAR MEDICATION. I ALSO RECOGNIZE THAT IT IS AGAINST INTERNATIONAL AIRBORNE SOCIETY RULES AND REGULATIONS TO TAKE ALCOHOL OR DRUGS WHILE ENGAGING IN PARACHUTING ACTIVITIES AND AGREE TO REFRAIN FROM DOING SO. I FURTHER UNDERSTAND THAT THE REPRESENTATIONS AS TO MY GOOD HEALTH AND PHYSICAL CONDITION ARE MADE AT MY OWN RISK, AND THAT THESE REPRESENTATIONS AS TO MY GOOD HEALTH ARE TRUE AND ACCURATE. I FULLY RELEASE THE INTERNATIONAL AIRBORNE SOCIETY AND ITS STAFF MEMBERS AND WAIVE ANY AND ALL CLAIMS WHETHER NOW OR HEREAFTER KNOWN FOR ANY AND ALL LIABILITY FOR INJURIES, DISEASE, OR EVEN DEATH FROM ANY PHYSICAL INFIRMITY OR DISEASE WHETHER NOW KNOWN OR LATER DISCOVERED.

UNDERSTANDING THE DANGERS AND RISK OF TAKING PART IN PARACHUTE JUMPS I DESIRE TO PARTICIPATE IN MILITARY STATIC LINE AND/OR FREE FALL JUMPS WITH THE INTERNATIONAL AIRBORNE SOCIETY. I WILL BE DOING SO ENTIRELY ON MY OWN INITIATIVE, RISK AND RESPONSIBILITY, UNDERSTANDING THAT THESE ACTIVITIES ARE POTENTIALLY HAZARDOUS TO LIFE AND LIMB. IN CONSIDERATION OF THE OPPORTUNITY EXTENDED BY THE INTERNATIONAL AIRBORNE SOCIETY TO PARTICIPATE IN THIS ACTIVITY, I DO HEREBY, FOR MYSELF, MY SUCCESSORS, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, FULLY AND FOREVER RELEASE, DISCHARGE, AND HOLD HARMLESS THE INTERNATIONAL AIRBORNE SOCIETY AND ITS STAFF MEMBERS, ADMINISTRATORS, DIRECTORS, SHAREHOLDERS, AND ALL PERSONS WHOMSOEVER MAY BE DIRECTLY OR INDIRECTLY LIABLE, FOR ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTIONS FOR ANY INJURIES DAMAGES, INCLUDING BUT NOT LIMITED TO, CONSCIOUS SUFFERING, OR LOSSES, INCLUDING BUT NOT LIMITED TO, DEATH TO ME OR DAMAGE TO MY PROPERTY, WHICH MAY OCCUR FROM ANY CAUSE, INCLUDING FAULT OR NEGLIGENCE ON THE PART OF THE INTERNATIONAL AIRBORNE SOCIETY, ITS STAFF MEMBERS, DIRECTORS, ADMINISTRATORS, OR SHAREHOLDERS, DURING SUCH PARTICIPATION IN FLYING ON MILITARY AIRCRAFT OR PARACHUTING, AS WELL AS GROUND AND FLIGHT OPERATIONS INCIDENTAL THERETO, AND DURING ANY AND ALL FOREIGN CERTIFICATION OR TRAINING PROGRAMS.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ, UNDERSTANDS, AND AGREES TO THE FOREGOING RELEASE OF LIABILITY, AND FURTHER AGREES THAT HE/SHE WILL NOT SUE OR MAKE CLAIM AGAINST THE RELEASED PARTIES FOR DAMAGES OR OTHER LOSSES SUSTAINED AS A RESULT OF HIS/HER JOINING IN TRAINING, FLYING, OR PARACHUTING ACTIVITIES.

IN WITNESS THEREOF, THE PARTIES HAVE AFFIXED THEIR SIGNATURE THIS _____ DAY OF _____ 20____.

Signature of Participant:

Notary Public:	My Commission Expires:
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Seal: