

## MEDICAL STATEMENT

In the case of an emergency the following information will be needed. Please leave documents, such as insurance cards, with a friend or keep them on your person where they may be found if needed.

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate to notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_  
(If none, write none)

Allergies to medications: \_\_\_\_\_  
(If none, write none)

1. I recognize that parachuting is a strenuous, athletic endeavor and that parachutists are subject to health risks not normally associated with other sports. I hereby certify that I do not suffer from physical or mental infirmities that may be of danger to myself or others. initial ( )

2. I further certify that I do not have nor have I ever had any skeletal injuries requiring plates, pins, screws, orthopedic devices or prosthesis. initial ( )

3. If I do not meet the qualifications listed above, I have submitted a letter from my physician that states skydiving activities will not adversely affect my condition. This letter will be attached to my waiver. initial ( )

4. Parachuting under the influence of drugs or alcohol is prohibited by Federal Aviation Regulations and Snake River Skydiving, LLC. rules. I certify that I am not on any regular medication or under a physician's care and have not taken any alcoholic beverages or drugs within the last twelve (12) hours. initial ( )

5. Snake River Skydiving, LLC. staff is in no way qualified to offer opinions about medical conditions and how they could be affected by parachuting. initial ( )

6. I understand that Snake River Skydiving, LLC. reserves the right to refuse service to anyone for any reason. initial ( )

### 7. Medical Treatment

In connection with any injury I may sustain or illness or other medical conditions I may experience during my participation in parachuting and related activities at Snake River Skydiving, LLC. I authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf.

Signature of participant \_\_\_\_\_

### 8. Statement of Medical Insurance

Your current medical insurance company: \_\_\_\_\_ Policy number \_\_\_\_\_

**IF YOU DO NOT HAVE MEDICAL INSURANCE PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

#### No medical insurance statement

I am not covered by medical insurance and I understand Snake River Skydiving, LLC. and all related parties carry no liability insurance. In spite of warnings about the dangers of parachuting, I intend to engage in parachuting activities even though I am not insured. This is a conscious decision on my part and I expressly and voluntarily assume all risk and responsibility for injury or death sustained while participating in parachuting activities.

\_\_\_\_\_  
Signature of Participant Date

9. I hereby certify that I have read this medical statement and fully understand its contents and sign it of my own free will:

\_\_\_\_\_  
Signature of Participant Date