

WELCOME TO SNAKE RIVER SKYDIVING!
Registration

Full Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail address: _____

Primary Phone: _____

Sex: M F Height: _____ Weight: _____

Occupation: _____

TO BE COMPLETED BY SNAKE RIVER SKYDIVING, LLC. STAFF MEMBER:

ID: type and number

USPA License #

Date of Birth

USPA member # & exp. date

Total number of jumps

date of last repack

Jumps in last 6 months

AAD

DZ brief

I certify that the participant asserted clear understanding of the nature and effect of the Agreement, Release of Liability, and Assumption of Risk Contract.

REPRESENTATIVE OF THE RELEASED PARTIES:

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____