Contingent ID _____

REGISTRATION

OFFICE USE	PHOTO	VIDEO	COMBO	ALTITUDE	OFFICE USE

Family Name: _____

First Names: _____

Phone: _____ Sex: M / F

Weight (kgs): _____ Age: _____

Postal Address: _____

_____

Country: _____

Queenstown Accommodation (visitors): _____

Email: **IMPORTANT** please write clearly to ensure you receive your electronic certificate

CONDITIONS OF YOUR PARTICIPATION IN A SKYDIVE

SKYDIVE QUEENSTOWN LIMITED (including agents, contractors and service providers)
TRADING AS NZONE SKYDIVE

In undertaking this activity you need to be aware and understand that there is an element of risk involved. Parachuting and Skydiving activities are potentially dangerous and injuries can and do occur. Not all risk can be foreseen, prepared for or avoided to the extent that even if the parachute equipment is operated correctly and packed and assembled correctly you may still be injured or killed.

The staff and management of Skydive Queenstown Ltd take all practicable steps to identify and minimise potential dangers. However, you must follow our instructions at all times. Adults signing on behalf of a person under the age of 18 must be aware that the underage person must follow our instructions at all times. You must indemnify Skydive Queenstown Ltd, staff and contractors against any liability we incur to anyone else, resulting from your failure to follow our instructions, or if you sign this on behalf of any person under the age of 18, the failure of that person to follow our instructions.

We reserve the right to withdraw any person from the skydive who in our opinion is likely to endanger themselves or others. We also reserve the right to cancel the skydive if we become concerned for any reason for your safety or that of any other person.

We may use other contractors and agents to provide the skydiving services. The provisions of these "Conditions of Your Participation in a Skydive" are also intended for the benefit of any other contractors and agents we may use, and are enforceable by them under the Contracts (Privity) Act 1982.

WARNING: Under New Zealand law it is extremely unlikely you will be able to sue anyone if you are injured. In addition, New Zealand's accident compensation scheme provides only limited assistance to visitors to New Zealand who are injured. We recommend all visitors to New Zealand have full insurance covering any injury they might suffer, including medical treatment cover, before undertaking this activity.

EXCLUSIONS: To the fullest extent permitted by law, all damage to your property, any disruption to your travel plans, mental injury, loss of income or expenses incurred by you as a result of your skydive are excluded. In addition you agree to indemnify us and hold us fully harmless against any claims incurred in connection with or brought on as a result of your skydive.

PHOTOGRAPHY - CONDITIONS OF SALE: Due to extreme working conditions and sensitivity of cameras and digital devices we cannot guarantee the outcome of the freefall videos, stills and exit photographs.
Combination packages: If one component of the package fails the full retail price will be charged for the successful component.
Videos and photographs may vary due to weather conditions and the freefall photographers particular style.
Skydive Queenstown Ltd reserves the rights to use of all photographic material for promotional purposes. Photographic material may not be reproduced commercially without prior written consent from the company.

We do not recommend you undertake a skydive if you are pregnant, been scuba diving within 24 hours or suffer from spinal or back injury.
Please list below any medical condition/s or other information we need to know to include you safely in this activity. Example: if you suffer severe motion sickness, asthma, allergies, heart conditions, epilepsy, joint dislocations, nasal or sinus congestion.

……

In signing this document, I/we acknowledge that I/we have read and understood and accept the above conditions and give consent to any medical treatment being provided if necessary. You are entitled to access any information we hold about you or request its correction at any time.

Signature……..…… Date……..……

Signature of Parent/Guardian……..……..
(If participant is under 18 years of age parent/guardian must sign)

□ Please tick if you do not wish to receive a certificate and further information via email

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