

LEGAL CONSENT - MINOR

I hereby certify that I do exercise of parental authority or that I am tutor of the minor child named :

_____ (name)

I realize and hereby acknowledge that my child (pupil) intends to practice parachute jumping and more particularly to do free fall parachuting from a plane or airplane.

I recognize having received instruction that Canadian Sport Parachuting Association advises the parachute jumpers to be eighteen years old or more.

I recognize and hereby acknowledge that parachute jumping is a RISKY SPORT that can and do cause INJURIES OR EVEN DEATH of his participants. Nevertheless, I allow my minor child (pupil) to practice this sport the way he wants and as often as he wishes too.

In my personal name and in quality of tutor or any having charge at any degree of my child (pupil), I **IRREVOCABLY RENOUNCE** to pursue or prosecute anyone and to claim any damages in regard to any injury or death be occurring to my child (pupil) and being caused by parachute jumping. This waiver of rights to lawsuits is being given in favor of Parachutisme Nouvel Air Inc., his members, employees, servants, agents, shareholders, and also the pilot and the owners of any plane used for training and all those supplies equipment, license, etc., and the owners of the parachute landing areas.

I furthermore agree that this waiver is equally binding on my heirs, survivors, assignees, testamentary executors, administrators and legal representatives.

This waiver of rights to lawsuits arising as a result of any accident or incident on any grounds whatsoever occurring to my child (pupil) will apply to me even if it may cause injuries or death to my child (pupil), **INCLUDING BY ANY NEGLIGENCE OR FAULTS** of any persons mentioned in the second preceding paragraph.

I recognize having received instruction that my child (pupil) will have to sign a form regarding the assumption of all risks and hazards contained by sport parachuting, including waiver of rights to lawsuits arising on the grounds above mentioned and in favor of any persons also named in the above paragraphs, and I do authorize him to sign this document.

MEDICAL STATEMENT FOR PARACHUTE JUMPING

I hereby certify that my child (pupil) is not under treatment or do not suffer for any physical infirmity or uncontrolled chronic ailment or injury of any nature, and that my child (pupil) has normal vision or wears corrective lenses, and that my child (pupil) has never been subject to shoulder dislocation. I hereby certify that my child is physically and psychologically fully capable of practicing parachute jumping.

_____ name of the father (tutor) in block letters

_____ name of the mother (tutor) in block letters

_____ address _____ apartment

_____ address (if different) _____ apartment

_____ province _____ ville

_____ city _____ province

_____ code postal _____ téléphone

_____ postal code _____ telephone

_____ I have read and understood this form.

_____ I have read and understood this form.

_____ signature (father) _____ date

_____ signature (mother) _____ date

_____ check by: _____ date

(Parachutisme Nouvel Air Inc.)

P.N.A. 05/95