STANDARD SAFE FLYING PRACTICES STATEMENT OF UNDERSTANDING

(Required to be signed and filled before the start of the course) Date- / /

Please read carefully before signing.

This is a statement in which you are informed of the established safe flying practices for paragliding . These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in flying. Your signature on this statement is required as proof that you are aware of these safe paragliding practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____
,understand that as a pilot i should:

1. Maintain good health for paragliding. Avoid being under the influence of alcohol or dangerous drugs when flying. Keep proficient in paragliding skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of paragliding inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my paragliding site. If not obtained a formal paragliding orientation from a knowledgeable, local source. If flying conditions are worse than those in which I am experienced, postpone flying or select an alternate site with better conditions. Engage only in paragliding activities consistent with my training and experience. Do not engage in any technical flying unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar, and inspect it for correct fit and function prior to each flight. Deny use of my equipment to uncertified pilots. Always have an emergency parachute while flying.
4. Listen carefully to paragliding briefings and directions and respect the advice of those supervising my paragliding activities. Recognize that additional training is recommended for participation in specialty paragliding activities, in other geographic areas and after periods of inactivity that exceed three to six months, depending on my certification level and experience.
5. Adhere to have communication throughout every flight. Plan flight-share this information with other pilots, and have emergency cards or contacts, in any case of emergency precaution.
6. Be proficient in your before take - off check. Make all checks and allow a margin of safety . Have a means to monitor intensity of wind. Limit maximum to your level of training and experience. Be a SAFE pilot- Slow And For Ever flight. Make safety as a precaution.
7. Think properly for paragliding. Never too near the mountain or over confident. Respect nature, respect the limitation of your wings. Avoid excessive pride or show off. These emotional stages are very dangerous for paragliding. Do your progression slowly and safely.
8. Use radio or support station, whenever feasible.
9. Know and obey local paragliding laws and regulations, including aerial box.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purpose of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when paragliding.

_____

Participant's signature and date(day/month/year)

_____

Signature of parent of guardian (where applicable) Date (day/month/year)

MEDICAL STATEMENT

Participant record (confidential information) **Date- / /**

(Should be filled not more than a month before the start day of the course.)

This is a statement in which you are informed of some potential risks involved in paragliding and the conduct required of you during the paragliding training program. Your signature of this statement is required for you to participate in the paragliding training program offered by Paragliding Bawas and Naasha Pithawalla, Khushroo pithawalla, and any instructors or employees acting as Instructor faculty.

Read this statement prior to signing it. You must complete this medical statement, which includes the medical questionnaire section to enroll in the paragliding training program. If you are a minor, you must have this statement signed by a parent or guardian.
Paragliding is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. To fly safely, you should not be out of good health. Paragliding can be very dangerous under certain conditions. A person with a severe medical problem or who is under the influence of alcohol or drugs should not fly. If you have chronic medical conditions or you are taking medication on a regular basis, you should consult your instructor before participating in this program. You will also learn from the instructor the important safety rules regarding flying. Improper use of the equipment can result in serious injury.
If you have any additional questions regarding this medical statement, review them with your instructor before signing.

Please read carefully before signing.
A positive response to a question means that there is a preexisting condition that may affect your safety while paragliding and you must seek the advice of your instructor prior to engaging in paragliding activities. If you:

- Currently smoke a pipe, drink alcohol, or use drugs.
- Have a high tension, stress level, or depression.
- Are currently receiving medical care.

Have you ever had or do you currently have…….
____Behavioural health, mental or psychological problems(panic attack, etc?)
____Frequent or severe nervous attacks?
____Epilepsy, seizures, convulsions or take medication to prevent them?
____Blackouts or fainting (full/partial loss of consciousness)?
____Recurrent back problems?
____Back, arm or leg problems following surgery, injury, or fracture?
____Any other surgery or disease?
____Recreational drugs use or treatment for, or alcoholism in the past five years?
____Could you be pregnant, or are you attempting to become pregnant?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any exciting or past health conditions.

_____
Signature of participant, date (day/month/year)

_____
Signature of parent or guardian, date (day/month/year)

The Student pilot and his or her physician must weigh the pleasures to be had by paragliding against an increased risk of death or injury due to the individual's medical condition. Some medical problems are temporary in nature or responsive to treatment, allowing the student to participate in paragliding after they are resolved.

Behavioural health
Behavioural: The pilot's mental capacity and emotional make-up are important to safety in paragliding. The student pilot must have sufficient learning ability to grasp information presented to him by his instructor, be able to safely plan and execute his own flights and react to different situations in the sky environment. The student's motivation to learn and ability to deal with potentially dangerous situations are also crucial to safe paragliding.

Relative risk conditions

- Development delay
- History of drugs
- History of previous psychotic episodes
- Use of psychotropic medication

Severe risk conditions

- Inappropriate motivation to fly - solely to please spouse, partner, or family member, to prove oneself in the face of personal fears.
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse.

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

(Please fill this form in front of us and sign it before starting your first day of training, it can be filled at the base itself. However, without clearly filling up this form and submitting it we can not proceed with your course.)

Please read carefully and fill in all blanks before singing.

I, _____, with Government ID number _____, of government Id type _____(aadhaar/ Passport/PAN/ Drivers liscence/ etc,) hereby affirm that i am aware that paragliding and flying have inherent risks which may result in a serious injury or death. I understand that paragliding involves certain inherent risks including collision in the sky or hanging on a tree/power-line which require emergency rescue. I further understand that paragliding trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, and that such emergency rescue by helicopter are not available. I still choose to proceed with such instructional flights in spite of the possible absence of helicopter rescue in proximity to the paragliding site.

I understand and agree that neither my instructors, at Paragliding Bawas, the faculty through which i receive my instruction, Naasha Pithawalla, Khushroo Pithawalla and any instructors or employees or APPI/PAI/HPAC/ACI nor its affiliated and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as released parties) may be held responsible or liable in any way for any injury, death or other damages to me, my family, estate, heirs, or assigns that may occur as a result of my participation in this paragliding program or a result of the negligence of any party, including the released parties, whether passive or active.

In consideration of being allowed to participate in this course, hereinafter referred to as “program”, I hereby personally assume all risk of this program, weather foreseen of unforeseen, that may befall me while i am a participant in this program including, but not limited to paragliding activities.

I further release, exempt and hold harmless said programs, and release parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that paragliding is mentally strenuous activity and that i will be exerting myself during this program, and that if i am injured as a result of heart attack, panic, drowning, or any other cause, that i expressly assume the risk of said injury and that i will not hold the released parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parents or guardian. I understand the terms herein are contractual and not a mere legal right. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed for this agreement. The remainder of this agreement will then be construed as though the legislation enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the released parties but also the rights my heirs, assigns, or beneficiaries may have to sue the released parties resulting from my death. I further indicate that I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the released parties.

I, _____, by the instrument agree to exempt and release my instructors, at Paragliding Bawas the facility through which i receive my instruction, Naasha Pithawalla, Khushroo Pithawalla and any instructors or employees associated with the paragliding activities being conducted , and APPI /PAI/HPAC/ACI and all related entities as defined above, from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including but not limited to the negligence of the released parties, whether passive or active.

I have fully informed myself and my heirs of the contents of this liability release and assumption of risk agreement by reading it before I sign it on behalf of myself and my heirs.

I will be participating in this course from / / to / / , however this liability release form is applicable for any accidents that may occur even after the course is completed.

_____

Participant signature, date (day/month/year)

_____

Signature of parent or guardian (where applicable), date (day/month/year)