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While at an All Airborne Battalion, Inc. event I may be photographed, filmed, videotaped, and digitally imaged by photographers. These images may be used for graphic portraits, pictures, films, videos, social media by the All Airborne Battalion, Inc. and any of its agents; I permit the All Airborne Battalion, Inc. to copyright and/or publish or use my image in any photographic portrait or picture, video, or digital image, whether in whole or in part, composite, distorted in character or form, in conjunction with my own or fictitious name, or in reproductions thereof in color or otherwise, made through any media by the All Airborne Battalion or any photographer employed by the All Airborne Battalion, Inc. for art, advertising, trade, promotion and all other lawful purposes; I waive any right to inspect and/or approve the finished product or the use to which it may be applied; I permit All Airborne Battalion, Inc. to deliver copies of my image to those persons, firms, corporations or other entities as the All Airborne Battalion, Inc. may determine in its discretion. I waive any compensation, payment, or other consideration for the use of my image or likeness.

I have read and understand the information involving Photography and Videography Release: INITIAL: \_\_\_\_\_

### Statistics of Fatalities and Injuries

With modern equipment and training methods, fatalities occur in less than 1 per 100,000 cases, and serious injuries requiring hospitalization in less than 2 per 10,000 cases. Information provided by the United States Parachute Association indicates there's been a total of 486 deaths from skydiving from 2000 to 2021. On average, this comes to 22 deaths per year. The actual figure per year is lessening, with statistics for 2021 indicating that 10 deaths related to skydiving occurred. Likewise, I understand that I may be a passenger or occupant in a vintage aircraft as part of my parachute activities and that perfect functioning of the plane cannot be guaranteed as it is subject to mechanical malfunction and operator error at any time. I understand that I may be injured or suffer a fatality while engaging in parachute activities, or while a passenger or occupant in a vintage aircraft, or while engaging in any other team activity. In consideration for the opportunity to participate in such activities, I expressly, under no duress, knowingly, voluntarily and freely assume all risk, chance and hazard and release all liability related or in any way connected to the All Airborne Battalion Inc. to include injury and or death. I have read and understand the information involving Statistics of Fatalities and Injuries: INITIAL: \_\_\_\_\_

### Contractual Agreement

I understand and agree that the terms and conditions of this Agreement and Release shall be in full force and effect upon its execution and shall continue in full force and effect at all times during which I participate, either directly or indirectly, in All Airborne Battalion Inc. activities, and shall be binding upon my personal representatives, heirs, executors, administrators, successors, and assigns, unless and until specifically terminated in writing by both parties. I understand and acknowledge that this Agreement and Release is a binding, legal contract pursuant to which I have waived any and all claims against the Released Parties resulting from my participation in parachute or other activities. I assume all risks associated with these activities and

I have read and understand the information involving Contractual Agreement: INITIAL: \_\_\_\_\_

## Affirmation of Understanding and Capacity

BY MY SIGNATURE BELOW, I AFFIRM THAT I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE IN ITS ENTIRETY, THAT I FULLY UNDERSTAND ITS CONTENTS AND ITS IMPACT ON MY LEGAL RIGHTS, THAT I HAVE THE LEGAL CAPACITY TO ENTER INTO THIS AGREEMENT AND RELEASE, AND BY SIGNING I AM UNDER NO DURESS AND AM FREELY SIGNING THIS DOCUMENT KNOWINGLY, VOLUNTARILY AND EXPRESSING CONSENT TO THE RISKS THAT EXIST DUE TO THE INHERENT NATURE OF THE ACTIVITIES THAT ALL AIRBORNE BATTALION INC. PARTICIPATES IN. I ACKNOWLEDGE THAT I COULD BE INJURED AND OR KILLED AND I AM HOLDING HARMLESS, DISCHARGING, INDEMNIFYING AND RELEASING ALL LIABILITY FOR PARTICIPATING IN ALL AIRBORNE BATTALION INC. EVENTS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

### All Airborne Battalion, Inc Medical Examination Form

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB : \_\_\_\_\_ AGE : \_\_\_\_\_

**1. NOT SUFFERING FROM ANY DISEASE WHICH COULD CAUSE SUDDEN IMPAIRMENT OR INABILITY TO MAKE A PARACHUTE JUMP.**

\*\*\*FOR FEMALE JUMPERS - IF PREGNANT YOU WILL NEED TO GO OFF JUMP STATUS.

**2. PROPER FUNCTIONING OF ARMS AND LEGS WITH SPECIAL ATTENTION TO KNEES AND ANKLE JOINTS**

**3. GOOD ALIGNMENT AND FUNCTION OF MUSCO-SKELETAL SYSTEM.**

**4. NORMAL FUNCTIONING OF HEART, LUNGS, AND NERVOUS SYSTEM**

**5. GOOD VISUAL SIGHT WITH OR WITHOUT CORRECTION.** IF CORRECTION IS NEEDED, GLASSES OR CONTACT LENSES, MUST BE WORN DURING THE PARACHUTE JUMP. GLASSES MUST BE KEPT IN PLACE WITH A SECURE BAND.

**6. THE JUMPER MUST BE ABLE TO HEAR A CONVERSATION WHILE FACING IN THE:** OPPOSITE DIRECTION, 6 ft FROM THE DOCTOR. THE EUSTACHIAN TUBE MUST BE OPEN. EAR OR SINUS PROBLEMS MAY LEAD TO LOSS OF EQUILIBRIUM and UNFITNESS TO JUMP.

**7. TEETH MUST BE IN PROPER CONDITION.** PROTHESIS WHICH CAN CAUSE DANGER DURING JUMPING SHOULD BE REMOVED PRIOR TO THE PARACHUTE JUMP.

UNDERSIGNED: **PHYSICIAN**

NAME : \_\_\_\_\_ M.D.

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PHYSICIAN DECLARES THAT ABOVE MENTIONED HAS UNDERWENT A MEDICAL EXAM SIMILAR TO A SPORTS PHYSICAL AND IS MEDICALLY FIT / UNFIT FOR PARACHUTING.**

DATE OF EXAMINATION: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

THIS DECLARATION IS VALID UNTIL 12 MONTHS AFTER THE DATE OF EXAMINATION AND IS TO BE KEPT ON FILE WITH **All Airborne Battalion, INC.** PLEASE SEND IN A COPY OF THIS FORM WITH MEMBERSHIP APPLICATION AND YEARLY DUES. KEEP YOUR ORIGINAL FOR YOUR RECORDS.

