

TOJ: \_\_\_\_\_

Fee: \_\_\_\_\_

Alt: \_\_\_\_\_ K

Video: + \_\_\_\_\_

Dep: - \_\_\_\_\_

Misc: +/- \_\_\_\_\_

**TOTAL PAYMENT: \$** \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_ (NO business cks)

CCard: MC \_\_\_ V \_\_\_ AmEx \_\_\_ DISC \_\_\_

**Office Use Only**

(i.e. merchandise, weight fee, discount - **only ONE discount/person**)

# SKYDIVE AIRTIGHT, LLC

SKIATOOK REGIONAL AIRPORT

US MAIL:  
P.O. Box 1209  
Skiatook, OK 74070



LOCATION:  
1651 S. Lombard Ln.  
Skiatook, OK. 74070  
(918) 396-PULL (7855)

Email: [skydiveairtight@cox.net](mailto:skydiveairtight@cox.net)

Website: [www.SkydiveAirtight.com](http://www.SkydiveAirtight.com)

## WARNING !!

**SKYDIVING IS A DANGEROUS SPORT THAT CAN RESULT IN SERIOUS INJURY OR EVEN DEATH.**

**I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN PARACHUTING, SKYDIVING, OR ITS RELATED ACTIVITIES.**

***NO REFUNDS!!! Before appointment date: If you must reschedule for personal reasons, 48 hours notice is required and jump must be rescheduled to take place within 60 days of original jump date. ONE reschedule is allowed. If jump is cancelled due to inclement weather or other Dropzone related business, deposit will be held in escrow to be used by student within 60 days of originally scheduled jump. If, once trained, inclement weather, darkness, health or any other uncontrollable factor prevents your jump from taking place, a raincheck will be issued to be used within 30 days of training and funds will be held in escrow. After 30 days, retraining fees will apply. Again, NO REFUNDS!!!***

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

PARTICIPANT SIGNATURE: \_\_\_\_\_

SKYDIVE AIRTIGHT EMPLOYEE WITNESS: \_\_\_\_\_

**SKYDIVE AIRTIGHT**

**SKYDIVING STATUS OF REGISTRANT — Please Check one ONLY**

Tandem Student

IAD Student

AFF (Accelerated Freefall Student)

Novice Jumper (unlicensed)

Observer Ride

Experienced jumper

Home DZ \_\_\_\_\_

How did you hear of us? ----- Check all that apply

Internet     Phone Book     Radio     TV     Signs     Word of mouth     Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date: \_\_\_\_\_

# AGREEMENT AND RELEASE OF LIABILITY

1. In consideration for being permitted to utilize the facilities and equipment of Skydive Airtight, and the Skiatook Regional Airport for the purpose of SKYDIVING, PARACHUTE JUMPING, FLYING, ground instruction, competition, and other related activities, I (Print FULL Name) \_\_\_\_\_, certifying that I am of lawful age (18 years or older), enter into the following AGREEMENT with SKYDIVE AIRTIGHT, THE UNITED STATES PARACHUTE ASSOCIATION, the TOWN OF SKIATOOK, OKLAHOMA, & STEPHEN F. STEWART. *This is a legally binding contract. If you have any reservations or questions you should consult your attorney before signing this contract.*

## 2. PARTIES INVOLVED IN THE AGREEMENTS

These AGREEMENTS are between SKYDIVE AIRTIGHT (SDA), THE UNITED STATES PARACHUTE ASSOCIATION (USPA), the TOWN OF SKIATOOK, OK, STEPHEN F. STEWART (and includes, but is not limited to, owners of equipment, instructors, jumpmasters, pilots, ground crew personnel, aircraft and land owners, ALL of their officers, employees, subcontractors, assistants, heirs, legal representatives, and assigns hereafter referred to collectively as the "Released Parties") and myself (Print Name) \_\_\_\_\_, to include my legal representatives, spouse, family members, dependents, heirs and assigns.

## 3. ASSUMPTION OF RISK

I am fully aware that parachuting and skydiving activities, including ground instruction, parachute jumping, freefall, flying, and related activities are inherently dangerous; that injuries requiring professional medical care are not uncommon, and that serious injury or death can and has resulted from participation in parachuting and skydiving activities. I understand that not all the risk can be foreseen or prepared for, or avoided, to the extent that even if I do everything as I was trained to do and all the equipment functions properly, I can still be injured or killed.

Initial ( )

## 4. NATURE OF PARACHUTE EQUIPMENT AND AIRCRAFT

I understand that parachutes and aircraft, and their related equipment, are designed, constructed, maintained, and operated by fallible human beings. I accept that this equipment is not warranted as safe for any purpose, and that the only assurance of quality is that all equipment and aircraft have been safely used for parachuting activities in the past, but this in no way guarantees the equipment and aircraft will function properly and safely in the future.

Initial ( )

## 5. NATURE OF PARTICIPANTS IN PARACHUTING ACTIVITIES

I acknowledge that pilots, instructors, jumpmasters, radio operators, mechanics, my fellow parachutist and all others involved in parachuting are fallible human beings, and are capable of making mistakes that could result in my injury, suffering, or death.

Initial ( )

## 6. VOLUNTARY NATURE OF PARTICIPATION

I agree that parachuting is of little value to society and that I am not under any compulsion to ride in or jump from an airplane. My participation is only for personal satisfaction and is entirely voluntary.

Initial ( )

## 7. RELEASE FROM LIABILITY, INCLUDING NEGLIGENCE

I agree that the released parties are in no way responsible for my safety, and I release them from any and all liability for my safety whether or not I incur losses, injuries, suffering, or death as a result of their negligence, including improper action or failure to act.

Initial ( )

## 8. AGREEMENT NOT TO SUE

In consideration for being permitted to engage in parachuting activities by the released parties, I promise not to sue the released parties or make any claims against them for damages, injuries, suffering, or death, even if these are wholly or partially a result of negligence by the released parties. This agreement shall be binding on my heirs, spouse, and family members, dependents, legal representatives, and assigns, and I instruct them to abide by my agreement with the released parties, including my promise not to sue.

Initial ( )

## 9. AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I agree to indemnify and hold harmless the released parties from all claims and liability, including judgments, and cost, including attorney fees, incurred in connection with any actions brought on my behalf as result of my participation in parachuting activities. Notwithstanding any other provision of this contract including paragraph 8, the prevailing party in any litigation relating to this contract shall be awarded all their litigation cost and attorney fees. Including USPA and manufacturers, distributors and dealers of skydiving equipment.

Initial ( )

## 10. ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I understand that the released parties have no liability or personal accident insurance or general liability insurance. I agree that I am solely responsible for any expenses, medical or otherwise, that I may incur from participation in parachuting activities. I also agree that the released parties are in no way responsible to me, my spouse and family, dependents, or my heirs for any hardship from the loss of income or from expenses that may result from injuries or death. Furthermore, I agree to indemnify the released parties for any loss, liability, damage, or expense, including but not limited to personal injury or property damage that the released parties, or any third parties, may suffer as a result of my acts or omissions while participating in parachute activities. I agree I am responsible for reimbursing the released parties for damages I cause to any skydiving equipment.

Initial ( )

## 11. MEDIA RELEASE

I agree that if my image appears on any film or videotape taken by the released parties, I am willing to allow the released parties to use it for publicity, informational, or entertainment purposes at no charge. I also state my willingness to be named in such materials without remuneration.

Initial ( )

## 12. CONTINUATION OF OBLIGATIONS

I agree that all of the terms of this agreement apply any time now or in the future that I am engaged in parachuting and related activities with the released parties.

Initial ( )

## 13. FULL CONSENT

By signing this document, I am giving up important legal rights in exchange for the opportunity to participate in parachuting and skydiving activities. I understand that this agreement can and will be used against me in a court of law, and that similar documents and agreements have been upheld in Oklahoma and most other states. However, I fully consent to all the terms of this document and am signing it with complete understanding and of my own free will. I also understand that there are many other parachute centers that offer similar services as this one, but I have chosen to engage in parachuting activities with the released parties in spite of the above warnings.

Lastly, I wish to state that I have **READ** the foregoing document carefully and that **I FULLY UNDERSTAND IT and AGREE TO EVERYTHING CONTAINED WITHIN IT,** even if I have inadvertently failed to Initial each and every clause contained within, as witness, by my signature below:

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

**14. REGISTRATION STATEMENTS**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Zip) \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Age \_\_\_\_\_ Email (Optional) \_\_\_\_\_

**15. MEDICAL STATEMENT**

1. I recognize that parachuting is a strenuous, athletic endeavor and that parachutists are subject to health risk not normally associated with other sports. I hereby certify that I do not suffer from physical or mental infirmities that could affect my ability to safely engage in parachuting or skydiving and its related activities, and that I am not under treatment for the following conditions:

- |                                    |                                |
|------------------------------------|--------------------------------|
| 1. High or low blood pressure      | 5. Nervous disorders           |
| 2. Fainting spells or convulsions  | 6. Shortness of breath         |
| 3. Cardiac conditions / diseases   | 7. Kidney or related diseases  |
| 4. Pulmonary conditions / diseases | 8. Any other medical condition |

PLEASE LIST any and all Medical Problems, past or present, which might affect your ability to “safely” skydive. (If none, ENTER “NONE” \_\_\_\_\_) Initial ( )

2. Parachuting under the influence of drugs or alcohol is prohibited by Federal Aviation Regulations and the released parties rules. I certify and declare that I am not a user of or under the influence or in any way impaired by alcohol or any drug whether legal or illegal. Initial ( )

3. I understand and agree that the released parties staffs are in no way qualified to offer opinions about medical conditions and how they could be affected by parachuting or skydiving. Initial ( )

4. In case of emergency, the following information is needed. Please leave documents such as insurance cards with a friend or keep them on your person where they can be found if necessary. Evidence of my medical qualification to skydive is evidenced by one of the following: (Check ONE)

- 3rd Class medical certificate     Attached statement of physician     I am physically and mentally fit to skydive

Initial ( )

Person to notify: \_\_\_\_\_ Phone \_\_\_\_\_

Alternative to notify: \_\_\_\_\_ Phone \_\_\_\_\_

Medications Currently being taken (if none – enter NONE) \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date

**16. STATEMENT OF MEDICAL INSURANCE OR LACK THEREOF**

Sign EITHER Statement A - *OR*- B (CHOOSE ONE ONLY):

A. I am covered by medical insurance. \_\_\_\_\_  
Signature Date

Your current medical insurance company: \_\_\_\_\_

Policy holder and number or SSN: \_\_\_\_\_

B. I am not covered by medical insurance. \_\_\_\_\_  
Signature Date

Whether or not I am covered by medical insurance at this time or in the future while participating in parachuting, skydiving, and related activities with the released parties, I understand that the released parties and all related parties **CARRY NO LIABILITY INSURANCE**. I understand that **INJURIES** requiring professional medical treatment **ARE NOT UNCOMMON** and have and do occur while participating in parachuting, skydiving, and related activities.

**17. NO REFUND POLICY**

I hereby acknowledge that I understand **NO REFUNDS** are given. Purchasing a skydive is the same as purchasing a ticket on any other commercial aircraft. If I choose not to use the ticket after its purchase, I forfeit the ticket. If I am a “no show”, I forfeit the ticket. If I do not make arrangements, in advance, to change my reservation, I forfeit the ticket. Changes made after purchase may incur additional charges. This applies to my original reservation date, raincheck date(s) and any other subsequent skydives made at Skydive Airtight.

Initial ( )

**IN SPITE OF THE ABOVE WARNINGS ABOUT THE DANGERS OF PARACHUTING, I INTEND TO ENGAGE IN PARACHUTING, SKYDIVING, AND THEIR RELATED ACTIVITIES. THIS IS A CONSCIOUS DECISION ON MY PART AND I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK AND RESPONSIBILITY FOR INJURY AND DEATH WHILE PARTICIPATING IN PARACHUTING AND ITS RELATED ACTIVITIES.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Please Re-check this document to ensure that you have signed and initialed it in all the appropriate (shaded) places. – Thank you for your patience. — *SKYDIVE AIRTIGHT*





