



SFF BESTÄMMELSER FALLSKÄRMSVERKSAMHET

Kapitel: 408:04

Ärende: TANDEMINSTRUKTÖRSTJÄNST HÄLSODEKLARATION_EN Datum: 2015-06-20

TANDEM PASSENGER DECLARATION OF FITNESS and INDEMNITY

I suffer from:

	No	Yes
✓ ear, nose, or throat problems	<input type="checkbox"/>	<input type="checkbox"/>
✓ any problems to pressure equilibrate	<input type="checkbox"/>	<input type="checkbox"/>
✓ heart or cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
✓ seizures or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
✓ fainting spells, vertigo or disorders of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
✓ metabolic disease	<input type="checkbox"/>	<input type="checkbox"/>
✓ brain, spinal cord and nerve disorders or injury	<input type="checkbox"/>	<input type="checkbox"/>
✓ psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>
✓ injury or illness involving the skeleton, muscles, ligaments or back	<input type="checkbox"/>	<input type="checkbox"/>
✓ any other serious injury or illness	<input type="checkbox"/>	<input type="checkbox"/>

➤ Are you completely sober? No Yes

If you have answered yes to any of the above statements, you are strongly advised to avoid all skydiving activity without a prior medical examination and approval by a medical doctor specialized in skydiving-related risks.

- You are strongly advised to inform your tandem instructor of any current or previous injuries or discomfort in either or both shoulders. This helps insure a safe tandem jump with minimal risk for shoulder injuries.
- Tandem passengers who are not members in the Swedish Parachute Association are insured by SÄKRA AB. The insurance covers accidents with benefits to cover medical and medicinal expenses. The cost of insurance from the Swedish Parachute Association amounts to approximately 100 SEK. For more information (in Swedish) visit www.sff.se

Swedish civil registration number (Visitors without a number, please state your date of birth DDMMYYYY). _____ - _____

Name: _____

Address: _____

Postcode: _____ City: _____

Telephone: _____

E-mail: _____

I, the undersigned, understand that I voluntarily assume all risk of injury associated with skydiving activities. By signing I release the tandem instructor, the skydiving club and the skydiving association of any and all claims or obligations related to the tandem skydive activity.

Location _____ (DD) ____ (MM) ____ 20 ____ (YY)

Printed name & Signature:

Parent or Custodian of minor: Printed name & Signature:
