

AGREEMENT

I, the applicant for membership, whose full details appear overleaf, hereby apply for membership of the British Parachute Association Limited ("BPAL") and I agree as follows:

1. In this agreement the expression "the Association" shall include where the context so admits BPAL, any affiliated Parachute Club, Centre or other organisation (whether incorporated or not), any instructor, rigger or packer (whether or not employed at any club or centre), any other individual or corporate member of BPAL and any club or centre and any servant or agent of BPAL or any club or centre. References to the masculine gender shall include the feminine and the singular shall include the plural.
2. In consideration of you accepting me as a member of BPAL, I agree that for so long as I shall be and remain a member of BPAL and at all times when I am taking part in any parachuting or related activity at a BPAL associated club or centre I shall be bound by (a) the BPAL Memoranda and Articles of Association (b) all the Association's rules and regulations particularly safety regulations (c) all lawful instructions given to me by instructors and those put in charge of me on behalf of the Association.
3. I authorise BPAL to apply part of my membership fee towards the purchase of Third Party Liability Insurance through the Association's scheme effective from time to time. Such insurance shall cover my personal and public liability for death or injury to persons and damage to property caused during the course of any parachuting activity undertaken by me. The value and limit of such insurance shall be such minimum figure as BPAL may from time to time determine. I understand that BPAL membership insurance is not valid in the USA or at any club or centre in the United Kingdom which is not affiliated to BPAL.

Instructors who are members of BPAL cannot claim indemnity under the BPAL third party insurance scheme if any club or centre for whom they are working at the relevant time is not a participating club or centre which has made a contribution to the premiums payable by BPAL for such third party liability insurance. Such instructors are therefore advised to effect their own third party liability insurance at their own expense.

4. I fully understand and freely acknowledge that sport parachuting is inherently dangerous regardless of the standard of training, supervision and equipment employed.

I voluntarily accept all the risks inherent in the sport and I agree to carry out all parachute jumps and all activities connected with parachuting strictly in accordance with any instructions or tuition which I may at any time receive from any person authorised by any club or centre which is affiliated to BPAL to give me such instructions or tuition.

5. I agree for myself and my personal representatives to indemnify and hold harmless the Association against any claim or claims whether on my own account or from Third Parties arising out of any accident or incident resulting in any loss or damage (including bodily injury and death) and whether or not caused by my negligence or arising in consequence of my membership of BPAL or my participation in any form of parachuting or related activity.
6. I agree to notify BPAL within three working days of any accident or incident involving a Third Party and resulting from any approved sport parachute jump made by me.
7. I declare that I am:

18 years of age or over/under 18 years of age* (delete as appropriate)

I acknowledge that the minimum age for sport parachuting is 16 years.

SIGNED: _____

DATED: _____

If under 18 years of age the following must also be completed by the parent or guardian of the proposed member.

To: The British Parachute Association Limited

I (Name) _____

of (Address) _____

being the parent/legal guardian of the proposed member who is now aged ____ years hereby confirm that I have given my permission for the proposed member to make parachute descents and that I agree to be bound in the same terms as those contained in the agreement signed by the proposed member and set out above.

SIGNED: _____

DATED: _____