All-Africa Open Paragliding Challenge 2007 · Porterville

Registration Form

After filling in this form you may fax it to us (details below) or click the email button to send it to us.

Pilot details

FAI number

Nationality

Surname

First Name

Gender

Address

Cell Phone

Home phone

Work phone

Fax

E-mail

Date of birth

Sponsor

Emergency contact

Surname

Cell Phone

Name

Home phone

Relationship

Work phone

Medical Insurance details

Company & reference number

Allergies

Blood type

Other conditions

Licence details

National Body

Licence Number

Licence Grade

Club

IPPI Number

Glider Details

Brand

Model

Colour

Rating

Markings

Class entered

Terms/Indemnity

By taking part in this event, I fully accept the rules of SAHPA without restriction.
I have pilot liability and medical insurance also covering rescue and repatriation (if required).
I accept liability for the costs of any medical treatment and/or casualty evacuation and repatriation (if required) deemed necessary by the organisers. I am flying on my own responsibility.
Paragliding is a dangerous sport and I hereby accept full responsibility for my participation in this competition and I agree to indemnify the organisers, sponsors and land owners against any claim for loss, damage, injury or death.
I declare that the information regarding my details as supplied above is correct.

☐ I have read this form and by signing and submitting it, I accept the conditions above and the rules of the event.

Signature:

Date:

FAI

SAHPA
SOUTH AFRICAN HANG GLIDING AND PARAGLIDING ASSOCIATION

Click here to email this form or Fax to +27 22 931 3308