## www.britishskydiving.org



NAME (FIRST/LAST)

5 Wharf Way, Glen Parva, Leicester LE2 9TF

Tel: 0116 278 5271, e-mail: membership@britishskydiving.org

## **MEMBERSHIP AGREEMENT**

\*Delete as necessary. PLEASE COMPLETE FULLY AND IN BLOCK CAPITALS

DATE OF	BIRTH (DD/MM/YYYY)	HEIGHT (METRES)	WEIGHT (KILOS)	MALE/FEMALE/OTHER*
ADDRESS				
POST TOWN		COUNTY _	DUNTYCOUNTRY	
POST COL	DE/ZIP	E-MAIL AI	_E-MAIL ADDRESS	
TELEPHO	NE NO	OTHER(S)		
		ose full details appear below, hereb d (BPAL) and I agree as follows:	y apply for membership of British S	Skydiving the trading name of the
1.	In this agreement the expression "the Association" shall include where the context so admits British Skydiving, any affiliated Parachute Training Organisation (PTO) or other organisation (whether incorporated or not), any instructor, rigger or packer (whether or not employed at any PTO), any other individual or corporate member of British Skydiving and any PTO and any servant or agent o British Skydiving or any PTO. References to the masculine gender shall include the feminine and the singular shall include the plural.			
2.	British Skydiving and at al affiliated PTO I shall be be	tion of you accepting me as a member of British Skydiving, I agree that for so long as I shall be and remain a member of iving and at all times when I am taking part in any skydiving (sport parachuting) or related activity at a British Skydiving O I shall be bound by (a) the BPAL Articles of Association (b) all the Association's rules and regulations particularly safety (c) all lawful instructions given to me by instructors and those put in charge of me on behalf of the Association.		
3.	I authorise British Skydiving 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 skydiving activity undertaken by me. The value and limit of such insurance shall be such minimum figure as British Skydiving may from time to time determine. I understand the insurance is only valid at British Skydiving Affiliated Parachute Training Organisations, and with reduced cover at overseas non-affiliated drop zones, excluding the USA where the policy does not apply. For full details of the cover provided please visit britishskydiving.org/insurance-travel/			
4.	and equipment employed.	derstand and freely acknowledge that skydiving is inherently dangerous regardless of the standard of training, supervision pment employed. If I have any doubts or concerns about my ability to comply with my training, I will raise these with my r prior to undertaking any skydiving jumps.		
5.	I agree to notify British Sk approved skydiving jump	tish Skydiving within three working days of any accident or incident involving a Third Party and resulting from any jump made by me.		
6.	skydiving strictly in accord	untarily accept all the risks inherent in the sport and I agree to carry out all skydiving jumps and all activities connected with iving strictly in accordance with any instructions or tuition which I may at any time receive from any person authorised by any which is affiliated to British Skydiving to give me such instructions or tuition.		
7.	<b>Data Protection.</b> British Skydiving will collect, retain and process all the personal data provided in this application and all communications in compliance with the Data Protection Act 2018. A copy of our Privacy Notice is available on our website at <b>britishskydiving.org/privacy-policy/</b> for full data subjects' rights and our responsibilities.			
8.		cknowledge the minimum age for skydiving is 16 years and that, if less than 18 years of age, written consent to take part in ydiving activities must be obtained from my parent or legal guardian.		
9.	returning a Full Membersh	LL British Skydiving member may be nip Application (Form 103) to British o you directly from British Skydiving	n Skydiving HQ or online at <b>www.b</b>	te Training Organisation (PTO), by ritishskydiving.org (Your full
I declare	that I am 18 years of age o	or over / Over 16 and under 18 year	rs of age* (delete as appropriate)	
SIGNED		PRINT N/	AME	DATED
If under	18 years of age the followin	g must also be completed by the p	arent, legal guardian or Officer Cor	mmanding of the proposed member.
To: Briti	sh Skydiving, I (Name)			
of (Addre	ess)			
have giv	en my permission for the pr	cer Commanding* of the proposed oposed member to make skydiving by the proposed member and set o	descents and that I agree to be bo	years, hereby confirm that I bund in the same terms as those
SIGNED		PRINT N/	AME	DATED
news of	competitions and events etc	e collect only necessary personal of the collect only necessary personal of the collection of the coll	o opt-in by ticking this box.	·

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