



Hazardous Activities Questionnaire II – Skydiving

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

State of Residence: _____

___Term 10 15 20 30 ___UL

1. Do you belong to a club affiliated with the United States Parachute Association? _____
(If yes, give name and location) _____

2. How long have you been skydiving? _____

Number of jumps:

(a) Last 12 months _____

(b) One to two years ago _____

3. Do you take part in exhibitions or competitions? _____
(If yes, give details in DETAILS section)

4. Do you receive remuneration for skydiving activity? _____
(If yes, give details in DETAILS section)

5. Are you an airline pilot, or do you intend to become one? _____
(If yes, complete aviation questionnaire)

6. Have you ever had a skydiving accident? _____
(If yes, give full details in DETAILS section)

DETAILS: _____

The above statements and answers are complete and true to the best of my knowledge and belief.

Dated at _____ this _____ day of _____ 20____

Witnessed _____