



Peak to Peak Paragliding, LLC
1035 Utica Avenue
Boulder, CO 80304
(303) 817-0803
www.peaktopeakparagliding.com

Name _____

Date of Birth: _____ Age: _____ Weight: _____

Address _____

Phone Nos.: Home _____ Cell _____

Emergency Contact Information:

Who should we call in the event of an emergency (locally)? _____

Do you have any physical or mental considerations that might hamper your performance? _____

If so, what are they? _____

Are there any possible concerns that you should discuss with your physician prior to carrying a heavy backpack, hiking up mountains, having strenuous exercise, or other related activities associated with paragliding? If so, please provide details. _____

Please provide all the contact info for this person or persons that you can below:

What is your motivation for learning to paraglide?

Do you understand that you could be injured or killed conducting a high risk sport such as paragliding?

What are your goals and/or expectations with respect to paragliding (if you have any at this time)? _____

What are your expectations of your instructor? _____

Do you have any prior aviation experience? If so explain_____

Do you have medical insurance? If so, please provide the insurance company and your group number and personal identification no.

Please describe your occupation, interests, hobbies, and other sports you are interested in below:

I acknowledge that I have answered these questions truthfully to the best of my ability/knowledge.

Signature

Print Name

Date