

# Parachute Association of Ireland Ltd

## Membership Application and Indemnity Form

BLOCK CAPITAL TO BE USED ON ALL PART OF THIS FORM

NAME: **X** ..... PAI LICENCE NO: .....

ADDRESS: **X** ..... NATIONALITY: **X** .....

..... DATE OF BIRTH: **X** .....

..... HOME NO: **X** .....

..... MOBILE NO: .....

SIGNATURE: **X** ..... E-MAIL: .....

SEX: **X** ..... WEIGHT IN LBS: ..... IN KILOS ..... HEIGHT: ..... CM

MEMBERSHIP: I.P.C.  P.C.M.  OTHER **X** .....

TICK ONE ONLY	
<i>Student Jumpers</i>	
Tandem Course:	<input type="checkbox"/>
Solo Course:	<input type="checkbox"/>
AFF Course:	<input type="checkbox"/>
<i>Experienced Jumpers</i>	
Renewal Normal:	<input type="checkbox"/>
Renewal Display:	<input type="checkbox"/>
Display Upgrade:	<input type="checkbox"/>

Experienced Jumpers fill in below including the equipment details only if you own your Equipment)

NO. OF JUMPS: ..... MALFUNCTIONS: ..... MAIN SIZE ..... RESERVE SIZE .....

AAD (tick if yes):  LAST DATE OF RESERVE REPACK: ..... / ..... / ..... BLOOD GROUP .....

I agree to indemnify the Parachute Association of Ireland Ltd., against all liability of any kind whatever to myself or any other person or persons in respect of damage, death or injury (including that due to neglect or default on the part of the above named, their servants or agents) suffered by me as a result of using any of the facilities provided by the Parachute Association of Ireland Ltd. I declare that this Indemnity shall not be terminated by my death but shall be deemed a continuing indemnity binding on my legal personal representatives and my estate generally.

### WARNING

Parachuting is an adventure sport and the risk of injury or death is real.  
Do not take part in parachuting if you do not understand and accept this risk.

Signed: **X** ..... Date: **X** ..... Witness to Signature: **X** .....

### DECLARATION - PARACHUTE ASSOCIATION OF IRELAND LIMITED

I, **X** ..... Of .....  
in the County of ..... hereby agree to be bound by the Memorandum and Articles of the Company and in particular I undertake to contribute to the assets of the Company, in the event of it being wound up while I am a Member, or within one year afterwards for payment of the debts and liabilities of the Company contracted before I cease to be a Member, and of the costs, charges and expenses of winding up, and for adjustments of the rights of the Contributories among themselves such amounts as may be required not exceeding €1.27

Dated this **X** ..... day of ..... 20 ..... Signed: **X** .....

If you are under 18 years, this form MUST be completed below by your parent or legal guardian. You cannot participate without this.

I am the Parent / Legal Guardian of ..... aged ..... years and I certify that I have read and understand the terms and conditions above and agree that he/she has my consent to make parachute jumps and I agree to be bound by the said terms and conditions.

Signed Parent/Legal Guardian ..... Date: .....

Address: ..... Phone: .....

NOTE: A copy of the Memorandum and Articles of Association of the Company may be inspected at the Office of the Secretary or at an Affiliated Centre, at any reasonable time.

**PAI Membership application forms submitted without the mandatory minimum acceptable critical information (X) will not be processed. Thank you.**

**Parachute Association of Ireland.**