SKYDIVE FINLAND

Waiver 2026

Name	
Street address City and zip code	Phone number Date of birth
email*	
Emergency contact	Phone number

*We do not send marketing email, important club announcements are sent via email

Total number of jumps:	Jumps during last 12 months:	**Exit weight** (kg) your weight + gear:
SIL member (The Finnish Aeronautical Association)? ☐ **yes** ☐ **no**	**License (SIL, USPA or FAI Parachuting certificate of Proficiency level A):** **A** ☐ **B** ☐ **C** ☐ **D** ☐ **AFF-student** ☐ **S/L-student** ☐	**Coach** ☐ **S/L** ☐ **AFF-I** ☐ **TA-I** ☐
Third party liability insurance ☐**SIL** ☐**Other**	If other, company name:	Insurance number:

I have read and understood the SdF safety instructions (Rules and regulations) for the year 2026. By signing this I engage to follow the rules and regulations and I verify that all of the information given above is correct.	☐ yes ☐ no
I am aware of the health requirements for skydiving and I declare that I do not have any of the illnesses, injuries or medications mentioned in the Parachutist Health Statement that may be an obstacle to skydiving, or I have a doctor's statement of fitness for skydiving.	☐ yes ☐ no
I confirm that the parachute I use is approved for skydiving. I also confirm that the parachute and rig has been checked and reserve repacked according to regulations.	☐ yes ☐ no
Any footage on me that is filmed at the DZ or in the air can be used for the club's marketing purposes.	☐ yes ☐ no

Place and date _____ _____ /_____ 2026

Signature _____

Information regarding General Data Protection Regulation (EU 2016/679, GDPR): By filing the waiver the data subject gives his/her consent to the processing of his/her personal data according to the record of processing activities of Skydive Finland (GDPR 6 art 1a paragraph: processing based on the consent of the data subject). The Skydive Finland's record of processing activities of personal data can be seen at the dropzone and at address www.skydivefinland.fi. The record is also available through our personnel. The record gives the data subject all information that has to be given when collecting personal data based on the consent of the data subject. By signing the waiver the data subject states that he/she has been provided with this information and gives his/her consent. A parachutist may be required to fill a declaration of health or to present a medical certificate in order to substantiate adequate health for parachuting according to Finnish Aviation Association's Operational Instructions and Qualification Requirements for Parachutists. This personal data is processed according to the consent of the data subject (GDPR art 9 2a paragraph: processing of special categories of personal data based on the consent of the data subject). By signing the waiver and possible health statement the data subject states that he/she gives his/her consent.

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Filled by instructor or rigger or other person assigned by the club:

Club membership payment is checked: ☐Yes ☐No	Gear is checked and is valid until: ____ / ____ / _____
I have made sure that all of the information given above is correct and that the person in question knows the SdF procedures .	Date, signature
Date entered to manifest-software	Date, signature