

TANDEM PARACHUTE JUMP TRAINING PROGRAM AND WAIVER

- **Opening debrief:** introduction of the association and instructor – skydiving activity – requirements (TTV)
- **Gear:** operation of the tandem parachute – jumping equipment – gear-up
- **Theory:** video – instructions – Video (possibly another jumper)
- **Exit simulator:** actions in the airplane – exit training
- **Freefall:** stable freefall body position – Actions in freefall – hand signs
- **Parachute deployment:** wave-off – deployment – canopy check
- **Steering:** turn practice– braking practice – flare practice
- **Landing:** direction – flare – ground contact (body position)
- **Departure clearance:** documents – recap – gear check

_____/_____
date

instructor's signature

INSURANCE POLICY INFORMATION

As an association member of the Finnish Aeronautical Association, Skydive Finland has a group insurance policy covering permanent injury and death. The insurance is OP Vakuutus Sporttiturva, insurance number 06-221893, covering the tandem student regardless of age. Maximum compensation benefits are 15 000 € for treatment of an injury, 30 000 € for permanent disability and 8500 € for death. The deductible is 200 €.

As an association member of the Finnish Aeronautical Association Skydive Finland has liability insurance covering third-party damages of which Skydive Finland or its instructor would be legally liable. The insurance is from OP Vakuutus, insurance number 16-549-997-7. Maximum compensation is 1 000 000 € and deductible is 600 €.

LIABILITY WAIVER

I am aware of the risks involved in tandem parachute jumping, which in case of an accident may cause serious injury and/or death. I acknowledge that I jump under my own responsibility, and I exonerate Skydive Finland and the manufacturer of the tandem skydiving equipment from all liability concerning property damage, injury or death.

MEMBERSHIP APPLICATION AND STUDENT'S ASSORTION OF JUMP READINESS

By signing this document, I apply for the membership of Skydive Finland. I assert that I have read and understood the information in this document, and understood the tandem jump training given to me. I also assert that I am ready and able for the tandem parachute jump.

INFORMATION REGARDING GENERAL DATA PROTECTION REGULATION (EU 2016/697, GDPR)

By filling 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 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.

CONSENT

Skydive Finland ry may use the video/photo material from my tandem jump in social media and marketing YES NO

I give permission for Skydive Finland to send me marketing messages via email.
You can cancel via email: info@skydivefinland.fi YES NO

I give TandemReel / Cveler Oy (editing software) the permission to use a blurred and metadata stripped version of my video to develop their video editing models. You can cancel via email: privacy@tandemreel.com YES NO

Family name	First name	Date of birth
Home address	Zip code	City/town
Email	Telephone number	Weight (kg)

_____/_____/2026
Place *date* *signature* *parental consent*

Tandem instructor	Video jumper
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