

Insurance- and disclaimer form

This form must be fully completed and signed before the start of the course or trip and must be given to the instruction team. This information is very important for us to be able to act effectively in case of an emergency.

FIRST NAME:	SURNAME:
	DOB:
Information about your travel	insurance
INSURANCE COMPANY:	POLICY NUMBER:
24 HOURS EMERGENCY NUMBER:	
Tick this box if you have ta we have all your information	aken out travel insurance through Paragliding Holland (in that case on)
Who should we warn in case of	f an emergency?
Full Name:	Relationship to this person:
Street:	Postal code and city:
Telephone number:	
Disclaimer	
sport, but the nature of paragliding incur injuries that lead to permane auxiliary instructors, winchmen, the other (legal) person for any form or result of the practice of the paraglicourses, events or trips organized negligence). PaHo has no insurance occurred during one of our courses consequences yourself. You must expour requirements in this area. By agree with the content and that you	igliding Holland (PaHo) does everything it can to safely practice the g involves a certain risk. You should bear in mind that you may ent injury or even death. No liability is accepted by the instructors, he company AA Paragliding Holland, the owner of the land or any of material or immaterial damage or injury that you may incur as a iding sport or as a result from your participation in one of the by PaHo (with the exception of damage due to intent or gross that covers damage or injury of it's students and / or participants is, events or trips. If you have an accident, you bear all the check whether your own insurance policies are in accordance with a signing this form you declare that you fully understand the above, you will not hold anyone liable for the damage or injury you may aim, Dutch law applies. Before you participate in a PaHo course, this form to the instruction team.
I HEREBY DECLARE THAT I HAV TO THIS	VE READ AND UNDERSTOOD ALL OF THE ABOVE AND AGREE
Full name:	Date:
Signature:	