



iFLY Acknowledgement of Risk

Please read and sign this document carefully. By signing it, you declare you are 18 years of age or older and as the parent or guardian, you give permission for the children in your care to take part in iFLY activities and signing the iFLY Indoor Skydiving NZ Ltd disclaimer on their behalf.

In consideration for and in connection with being permitted to participate in iFLY and any and all related activities conducted by iFLY Indoor Skydiving NZ Ltd (collectively, 'iFLY Activities'),

I, _____ **DOB** _____
hereby accept this acknowledgement of risk and potential hazards and cannot absolutely guarantee participants safety and certain situations may result in serious harm or death. I acknowledge these risks on behalf of myself and any children, relatives or dependents identified herein (collectively, 'Participants'),

iFLY Virtual Reality (VR)

I understand that **IF** I am participating in the VR (virtual reality) experience:

- I have to be 8 years and over (ages 8-12 years are limited to 1 VR flight per day)
- If Participant has a history of seizures, heart conditions, or heart problems then Participant should not use VR unless a doctor has advised Participant that it is safe to participate in VR
- If Participant has any medical devices, such as pacemakers, defibrillators, or hearing aids, Participant acknowledges that the VR equipment contains magnetic components that could interfere with and/or affect the operation of medical devices.

I and Participants acknowledge and agree to comply with these restrictions when using VR.

I Acknowledge (Please tick)

Declarations (Please circle)

Do you or Participants have a history of neck, back or heart problems? **YES \ NO**

If answered yes to the above, has a doctor advised you that it is safe to participate in these specific activities?

Does your weight or any Participant's weight exceed 125kgs? **YES \ NO**

Have you or any of the Participants ever had a shoulder dislocation? **YES \ NO**

Are you or any of the Participants pregnant? **YES \ NO**

If you are currently pregnant, weigh over 125kgs or have previously dislocated your shoulder, you may not participate in the activity.

ON BEHALF OF MYSELF OR PARTICIPANTS, I CONFIRM THE FOLLOWING

I have advised iFLY of ANY history of neck, back or heart problems, my weight is less than 125 kgs, I have not had a shoulder dislocation, I am not currently pregnant.

I confirm



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1. Participation in iFLY Activities has risks associated, including, but not limited to, vertical winds of up to 266 kilometers per hour, changing or extreme conditions, strenuous bodily movement and physical exertions, possible malfunction of equipment, contact or collisions with other participants, and the wind tunnel and related machinery or parts thereof. Despite the risks involved with iFLY Activities
2. I and participants agree that to the extent permitted by law, iFLY Indoor Skydiving NZ LTD (including management, staff and persons connected to iFLY Indoor Skydiving NZ LTD) shall have no liability whatsoever for any direct or indirect loss (including but not limited to injury, death or loss or damage to personal property) sustained by me (or my dependents) during or in any way related to my (or my dependents) participation in iFLY Activities.
3. I understand that iFLY Indoor Skydiving NZ LTD strongly recommends all visitors to New Zealand should have full insurance covering medical treatment, personal injury and loss or damage to property. I understand that the New Zealand accident compensation scheme only provides limited assistance to non-residents of New Zealand.
4. I agree to follow all instructions given by iFLY Indoor Skydiving NZ LTD employees and to use all equipment supplied in accordance with staff instructions.
5. I and Participants understand that participation in iFLY Activities is voluntary. I and Participants understand the importance of answering the preceding questions accurately.
6. I declare that I am not impaired by alcohol or drugs that could seriously compromise my safety or the safety of others and completed the Acknowledgement of Risk honestly and disclosed any health or safety concerns to an employee of iFLY Indoor Skydiving NZ LTD. I and Participants further understand that participation in iFLY Activities is physical and requires moderate exertion and physical stress. I hereby represent and certify that I and no Participant for whom I am executing this Agreement do not suffer from any physical or psychological conditions that would prevent myself or Participants from participating in iFLY Activities.
7. iFLY Indoor Skydiving NZ LTD reserves the right to cancel, reschedule or re-organise tours. You may cancel prior to the tour and iFLY Indoor Skydiving NZ LTD reserves the right to not issue a refund without appropriate notice of cancellation.
8. In the event of a medical emergency, I authorize iFLY Indoor Skydiving NZ Ltd to provide emergency first aid treatment and/or to refer treatment to a duly licensed physician, dentist, or other medical care professional.
9. iFLY Indoor Skydiving NZ LTD reserves the right to use any footage or imagery from iFLY Activities for promotional purposes or other commercial purposes without compensation and without restriction as to frequency and duration. I release them from any liability that could arise in accordance with the Privacy Act 1993. I further agree that iFLY may temporarily provide online access to photographs, videos, and live streams of my and Participants' experience.

I confirm that the information I have given in this statement is true and complete and by signing below I agreed to be bound by the terms and conditions provided.

First & Last Name: _____

Email address: _____

Phone number: _____

Address – City – Country: _____

Date: _____ Signature: _____

If signing for a minor

Minors name(s): _____

Minor(s) DOB: _____