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|  | BHPA OPEN PARAGLIDING ACCURACY NATIONAL CHAMPIONSHIPS  2024 |  |

**COMPETITION AFFIDAVIT**

I, the undersigned, declare that the glider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(make)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(model) I will fly in the Open British National Paragliding Accuracy Championship, from 13th May to 14th July 2024 is certified by one or more of the internationally recognized certifying bodies (ie DHV, LTF, EN or the BHPA).

Furthermore I declare that it is in certified configuration and I undertake not to alter this configuration.

I understand that I am the sole individual responsible for the integrity of my glider.

Signed on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Printed name of Participant

Address of Participant: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS**

Please read carefully. This is a release of liability, waiver of legal rights ***:***

1. I am a participant in the British National Paragliding Accuracy Championships held in England from 13th to 14th July 2024 ("the Championships"). I acknowledge that participating in the Championships or any other activity related thereto (collectively, the "Events") involves INHERENT DANGERS, may be HAZARDOUS and involves RISK OF PHYSICAL INJURIES OR DEATH. I expressly assume all risks associated with participating in the Events, including, without limitation to direct participation in the Championships or in training sessions, accessing restricted areas, sharing area facilities with people not directly involved in the Events and travelling in and between the Events' venues. Despite all the risks, I voluntarily choose to take part in the Events. (Initials:……)
2. In consideration of receiving permission to take part in the Events, I agree to release and hold harmless the contest organisers, the British Hang gliding and Paragliding Association, the property owners of the operation areas (including launch and landing areas), their respective affiliates, agents, officers, directors, owners, contractors, volunteers, employees and insurers (collectively, the "Released Parties") from any and all claims I might make as a result of physical injury, including death, or property damage sustained in connection with the Events. I promise not to sue the Released Parties and agree that if anyone is physically injured or property is damaged while I am engaged in the Events, I will have no right to make a claim or file a lawsuit against the Released Parties. The provisions of this paragraph 2 shall not apply to misconduct determined to have been undertaken intentionally or recklessly. (Initials:………..)
3. This Release of Liability, Waiver of Legal Rights supersedes any other agreements or representations by or between the parties and is governed by the laws of Great Britain. I intend this document to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue for any legal action shall be in British courts and such courts have personal jurisdiction. (Initials:…….)
4. If any part of this agreement is determined to be unenforceable under the applicable law, all other parts shall still be given full force and effect and the agreement shall be completed in respect of the aspects covered by the part which is declared unenforceable as to give effect to the intent herein expressed to the fullest extent permissible by law. (Initials:……..)

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND I SIGN IT OF MY OWN FREEWILL.**

Signed on this date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Printed name of Participant

Address of Participant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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