



SKYDIVE SNOHOMISH, INC.
9906 Airport Way, Snohomish, WA 98296
Phone: (360) 568-7703 Fax: (360) 568-1743
www.SkydiveSnohomish.com

Doctor's Statement of Physical Fitness (Must be signed by physician within 60 days of the scheduled skydive):

"I represent and warrant that _____ has no known physical or mental infirmities that would impair his/her ability to participate in skydiving, or if he/she does have any such infirmities, that they have been or are being successfully treated so that they do not represent any foreseeable risk while skydiving.

"I also represent and warrant that he/she is not taking any medications or substances, prescription, or otherwise, that would impair his/her ability to participate in skydiving."

Physician Name: _____

Address: _____

Phone Number: _____

Physicians Signature: _____

Date: _____