



ASSUMPTION OF RISK AGREEMENT

I, the undersigned, do hereby voluntarily agree to become a passenger in a Hot Air Balloon owned and/or operated by AirTime Balloon Company. I further agree that I will indemnify, save, and hold harmless AirTime Balloon Company and any private or commercial pilot operating or crewing on said hot air balloon from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results or damages to property, suffered during the flying of said hot air balloon, or while said hot air balloon is on the ground, or any injuries incurred in the chase vehicles during the transportation or chase activities involved with said flight, including damages or injuries caused solely by the negligence of the owner, pilots, and crew of said hot air balloon.

Hot air ballooning is a hazardous sport and can result in serious bodily injury, harm or death.

I understand that a balloon landing is sometimes rough and that the basket is often turned on its side during the landing. There is a good probability that if the winds are greater than 5 miles per hour at the time of landing that the entire balloon will be dragged until it is deflated. Upon landing I will: (1) Face the direction of travel, holding on tightly in two places. (2) Bend my knees at touch-down. (3) Not depart the basket until advised by the pilot. I acknowledge that I have been advised that it is NOT RECOMMENDED that a person take this flight if that person:

IS PREGNANT.

HAS BACK PROBLEMS.

HAS KNEE OR ANKLE PROBLEMS.

HAS BRITTLE BONES.

HAD ANY TYPE OF SURGERY WITHIN THE PAST SIX MONTHS.

HAS HEART PROBLEMS.

HAS ANY CONDITION WHICH WOULD BE AGGRAVATED BY A SUDDEN JOLT, IE: JUMPING OFF AN OBJECT THREE FEET TALL.

Cell phone use is limited to using the camera feature only. You may not make/receive calls or text messages in flight.

Have you traveled out of the country in the past 6 weeks **YES or NO Are you vaccinated for Covid **YES or NO****

I agree I will notify the owner and/or pilot of the said hot air balloon about any sinus or ear problems and medications that I am currently taking. Additionally, I have advised my pilot if I've had joint replacement surgery in the past 2 years.

In signing below, I acknowledge that I have read this document and have had an opportunity to have any questions regarding this document answered, all before I became a passenger in said hot air balloon.

PRINT NAME(S): _____

ADDRESS: _____

SIGNATURE: _____ WEIGHT: _____ DATE: _____

SIGNATURE: _____ WEIGHT: _____ DATE: _____

* In addition, I agree to allow Airtime Balloon Company to use photographs and/or video which may include the above signed person(s) photographs for use on their website and/or advertising. _____ (Initials)

(If under 18 yrs. old, parent or guardian must sign this release form)

IF FOR MINOR; SIGNATURE OF PARENT OR GUARDIAN: _____