



Kia ora,

Please print and fill out the details below stating your written permission for your son/daughter to participate in the NZONE Skydive activity.

This needs to be completed before the participant jumps, please reply in an email with the below template filled in and attached, a photograph of the printed form is acceptable.

Please note, it needs to be dated the day of the Skydive.

Dear NZONE Skydive

I give full consent for my child,

date of birth to undertake a tandem skydive with NZONE Skydive, Queenstown. I declare that I accept all the terms and conditions of NZONE Skydive.

Name:

**Signature:
(Parent/Guardian)**

Date:

Kind regards,
The NZONE Team