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| <input style="width: 95%; height: 20px;" type="text"/> Last name | <input style="width: 95%; height: 20px;" type="text"/> First name |
| Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div> | <input style="width: 95%; height: 20px;" type="text"/> Application or Contract No. |

Do you plan to take part in or, in the last 2 years, have you taken part in hang gliding? Yes No

1 When did you start practising this sport?

Year
Month

2 Are you a member of a club? Yes No **If so**, since when?

Year
Month

3 Capacity in which you practise this sport: Amateur Professional

4 Do you make record attempts? Yes No

5 Date last practised:

Year
Month

6 Have you definitively ceased participation in this sport? Yes No

7 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at on this day of 20 .

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| <input style="width: 95%; height: 20px;" type="text"/> Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces. | <input style="width: 95%; height: 20px;" type="text"/> Signature of witness |
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