

<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;"> <span>Year</span> <span>Month</span> <span>Day</span> </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 .

<input style="width: 95%; height: 20px;" type="text"/>	<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.	Signature of witness