



Application

20 year Kaiserwinkl-alpinballooning 22. -29.01. 2022

PILOT:		Date of birth	
Adress:		Nr. Pilot license	
Postal code:		PIC-hours	
phone:		Fax:	
mobil Pilot:			
mobil Crew:			
e-mail:			
CLUB:			
BALLON:		Registration:	
Type:		size:	
Name:		color:	

Phone number please indicate!! Whatsappgroup

CREW:	Adress:
1.	
2.	
3.	
4.	
Insurance:	High:
Participation Nightglow:	Take passengers (only the VIP-Guest) yes <input type="radio"/>
Balloon: <input type="radio"/> basket: <input type="radio"/> no: <input type="radio"/>	Commercial Pilot & take Passengers yes <input type="radio"/>
yes	

I hereby confirm my participation and waive claims, in particular claims for damages that may arise out of my participation against the organizer or commissioned third parties. I agree to indemnify the organizer of third party claims which may have been caused by any negligence by me. The pilot decides independently on rearmament drive and recovery of the balloon

Date:

Signature: