



ATAIR COBALT CANOPY DEMO REQUEST FORM (page 1 of 2)

Name: _____

Address: _____
(street)

_____ (city, state or country) _____ (zip code)

Phone: _____ **Fax:** _____

Email: _____ **Web Address:** _____

Credit Card Type (Visa/Mastercard only): _____

CC#: _____ **Expiration date:** _____

Billing Address (if different): _____
(street)

_____ (city, state or country) _____ (zip code)

Credit Card: Insured shipping charges will be applied to your card. Our standard method of shipment is Federal Express economy. Demo's are free of charge for 2 weeks maximum. If the canopy is not received back by Atair within 14 days from the date FedEx has on account for delivery, a \$25 per day charge will be applied to your CC. If the canopy is not received back by Atair within 3 weeks from the date FedEx has on account for delivery, this will constitute purchase and full retail price will be applied to your CC. If the canopy is returned damaged, you will be charged for the cost of repairs, or if at our sole discretion repairs are deemed not viable, this will constitute purchase and the full retail cost will be charged to your CC. Additionally you must agree to and execute our liability waiver for all demo canopies.

Signature: _____ **Date (MM/YY):** _____
(credit card authorization)

ATAIR COBALT CANOPY DEMO REQUEST FORM (page 2 of 2)

Name (again): _____

I _____ hereby release and discharge ATAIR AERODYNAMICS and their employees from any and all liability claims, demands and causes of action that I hereafter have for any injuries and damages arising out of my participation in skydiving, included but not limited to, losses caused by the negligence of Atair Aerodynamics. I understand and acknowledge that skydiving and related activities possess inherent dangers that no amount of care, caution, instruction or expertise can eliminate. I expressly and voluntarily assume all risk of death or personal injury sustained while participating in skydiving, whether or not caused by the negligence of Atair Aerodynamics.

Signature: _____ **Date:** _____

Demo Size Requested: _____ **Exit Weight:** _____

Current Canopy: _____ **Size:** _____

Jumps to date: _____ **Jumps on current canopy:** _____

License type and number: _____

Home DZ Name: _____

DZ Address: _____
(street)

_____ (city, state or country) _____ (zip code)

Home Dealer name: _____

Address: _____
(street)

_____ (city, state or country) _____ (zip code)

Phone: _____ **Fax:** _____

Web Address: _____

Please print legibly and complete all fields. Print, sign, and fax back to Atair at 718-923-1733.