

# Hang-gliding questionnaire

## Personal details

Name of person covered	Plan number (if known)
Date of birth            /            /	Date of application    /            / (if applicable)

How long have you been hang-gliding?

How many flights have you made to date?

What is the total number of hours you have flown?

How many flights do you intend to make each year?

How many hours of flying will this be each year?

Where do you go hang-gliding?

What method of launching do you use?

Are you a member of BHPA or an affiliated club?

No  
 Yes

Do you have a BHPA pilot rating for cross country or higher?

No  
 Yes

Which rating do you have?

Are you a BHPA instructor?

No  
 Yes

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Do you expect to take part in national or international competitions?

- No  
 Yes (please give details)

Do you expect to be involved in any record attempts or prototype testing?

- No  
 Yes (please give details)

Have you been involved in any accidents that have caused injury to yourself?

- No  
 Yes (please give details)

## Declaration

I declare that:

- the answers above are true to the best of my knowledge
- I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that:

- this questionnaire will form part of the application to Bright Grey
- the contract may be invalidated if I do not disclose any important information that is known to me.

Signature

Date            /            /

Please return this form to:

**Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG**