

SKY SAIL BALLOONS INC.
 2805 Carpenter Pringle Rd.
 Asheville New York 14710-9763
 (716) 782-2280

DECLARATION OF RISK

The sport of hot air ballooning is NOT without risk. Successful completion of a flight is dependent upon, among other things, favorable weather. The greatest weather risks to ballooning include: The possibility of being becalmed over unfavorable landing sites. The risk of injury from a high wind landing. The risk of loss of control due to sudden gusts or wind shear. Sudden loss of visibility due to fog or precipitation. Non-weather related risks include: Threats posed by unseen obstacles such as power lines or antennas. Equipment failure either on the ground or in the air. Field conditions, the presences of unfriendly animals or poisonous snakes or insects. These or other problems may result in serious injuries, long term disability, or even death.

Participation in ballooning activities may aggravate or complicate other conditions or ailments. Conditions which may be adversely affected by participation in ballooning include, but are not limited to: pregnancy, knee or ankle problems, back problems, recent surgery (in the last six months), heart conditions, uncontrolled epilepsy, history of fainting, psychological problems, adverse drug reactions at altitude, allergies or asthma.

ASSIGNMENT OF RESPONSIBILITY

Part of the responsibility for a safe flight lies with the passenger. It is the passenger's responsibility to understand the ground briefing and to follow the direction of the pilot throughout the flight. The prospective passenger is responsible for determining jointly with his/her physician, their fitness and the appropriateness of their participating in ballooning activities.

**ACKNOWLEDGEMENT OF RISK & RESPONSIBILITY /
 WAIVER / RELEASE / HOLD HARMLESS AGREEMENT**

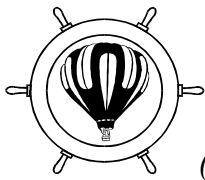
I, _____, the undersigned do hereby voluntarily agree to become a passenger in a hot air balloon owned and/or operated by Sky Sail Balloons Inc. I further agree that I will indemnify, save, and hold harmless Sky Sail Balloons Inc. and any of its employees or persons operating and/or crewing on said hot air balloon from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results or damages to property, suffered during the flying of said hot air balloon or while said balloon is on the ground.

I further agree to waive any claims of any nature arising out of or relating to my participation in a hot air balloon flight, whether caused by negligence, breach of contract or any other culpable conduct, or otherwise, for bodily injury, property damage or loss or otherwise, which I may ever have against Sky Sail Balloons, Inc., or any of it's employees or persons operating and/or crewing on said hot air balloon.

In voluntarily agreeing to participate in a hot air balloon flight under this agreement, I understand that this agreement extends to any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain while riding said hot air balloon or while doing anything incidental thereto. I covenant for myself, my estate, executor, heirs and assigns, not to file suit nor to initiate any claim procedure in respect to any personal injuries, property damages or losses I may experience or sustain arising directly or indirectly out of riding said hot air balloon or doing anything incidental thereto.

I have read and understand the "Declaration of Risk" on this page. I freely assume all risks, hazards, and losses, not restricted to those noted above, which may befall me in connection with my hot air balloon ride. I acknowledge that I am fully aware that riding in said hot air balloon and doing anything incidental thereto is potentially dangerous. I have read and understand the "Assignment of Responsibility" on this page. I willingly accept my responsibilities during this flight. I have entered into this agreement freely and voluntarily without any inducement, promises, or representations being made by Sky Sail Balloons Inc., its employees, or persons operating or crewing for said hot air balloon to the safety of the hot air balloon or otherwise.

_____/_____/_____
 DATE SIGNATURE OF RIDER CERTIFICATE #



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Passenger Information Form (one per passenger)

NAME _____

ADDRESS _____

CITY _____ PROVIDENCE _____ STATE/ZIP _____
IF VISITING

PHONE (HOME) (____) _____ (LOCAL) (____) _____

WEIGHT (fully clothed) _____ Lbs. (This is required for flight planning.)

PLEASE ANSWER THE FOLLOWING QUESTIONS.

- 1) Are you pregnant? YES ___ NO ___
- 2) Do you have a history of, or current problems with your back? YES ___ NO ___
- 3) Do you have a history of, or current problems with your knee or ankle? YES ___ NO ___
- 4) Have you had any type of surgery in the last six months? YES ___ NO ___
- 5) Do you have any type of heart problem? YES ___ NO ___
- 6) Do you have a history of fainting spells? YES ___ NO ___
- 7) Have you ever been diagnosed as having epilepsy? YES ___ NO ___
- 8) Do you suffer chronic allergies or asthma? YES ___ NO ___
- 9) Do you suffer from or are you currently being treated for a psychological disorder? YES ___ NO ___
- 10) Are you currently taking any medication which may have adverse effects at higher altitude? YES ___ NO ___

Answering "yes" to any of the above questions is not an immediate disqualification of flight eligibility; however, affirmative answers indicate a need to seriously consider the appropriateness of participating in ballooning activities at this time. If you answer "yes" to any of the above questions, you *may* ⊕ be asked to show your doctor's consent for you to participate with his signature below.

I, _____ have answered the above questions truthfully, and I have no medical or psychological problem that would prohibit me from participating in a hot air balloon flight.

_____/_____/_____
DATE SIGNATURE OF RIDER

⊕ I, _____ confirm that my above referenced patient has no medical or psychological problem for which he/she should be limited from participating in a hot air balloon flight.

_____/_____/_____
DATE SIGNATURE OF PHYSICIAN

⊕ This section may be required, if you answer yes to one or more of the above questions. If you are unsure please call Sky Sail Balloons for a clarification. 716-782-2280