



## INDIVIDUAL INFORMATION FORM

ID Photo

### YOUR CIVIL STATUS

Civility	SIR
Name	TURLEY
First name	MARIUSZ
Date of birth	23.02.1979
city and country of birth	KONSKIE - POLAND
Nationality	POLAND
Full address	KORDIANA 85/5
Postal code	04-618
City	WARSAW
country	POLAND
Phone	+48 696 806 583
E-mail	MARIUSZ-74@O2.PL

\* In the future, remember to notify us in case of change.

### YOUR MEASUREMENT

Your size (inch)	180
Your weight (kg)	100
Your clothes size*	XS   S   M <u>L</u> XL   XXL

\* Circle the statement corresponding to your usual clothing size

### YOUR SKYDIVING PRACTICE

<b>Your level</b> Circle the exact mention	<input type="checkbox"/> beginner	<input type="checkbox"/> middlemen	<input checked="" type="checkbox"/> Confirmed
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If you hold one or more recognized patents, complete the following table.

If not, go to the next questions.

Patents obtained (soldiers, civilians, associations, etc.)	Types of jumps (OA, OR)	Number of jumps made	Date of last jump made
S. KL. PERS. LOT	OA OR	428	15.06.2025

**IMPORTANT:** imperatively attach to this document a copy of your certificates + the last written page of your Log Books in order to justify the number and type of jumps made.





**IMPORTANT:** imperatively attach to this document a copy of your certificates + the last written page of your Log Books in order to justify the number and type of jumps made.

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Type of main parachute (MC1, T10, SF10...)	MC-1
Reserve parachute packer	23 658 / STANISLAW GROCHOWSKI

**IMPORTANT:**

- 1°) Reserve parachute: you must have official proof of packing, dated and signed by a DGAC-approved packer. This proof must be less than one year old on the day of the jump.  
2°) Main parachute: for your first jump with us you must have a document attesting to an inspection carried out by a DGAC approved packer.

**CONTACT IN CASE OF EMERGENCY\***

Civility	Mrs
Name	LITWIN
First name	JOANNA
Full Address	KORKONA 161C/66
Postal code	04-548
City	WARSZAWA
Country	POLAND
Phone	+ 48 538 992 369
E-mail	KITEASIALITWIN@GMAIL.COM

\*\* In the future, remember to notify us in case of change.

**SWORN STATEMENT**

I the undersigned, NAME TURLEY FIRST NAME MARLUS?  
Declare on my honor not to suffer from any physical or psychological problems that could make the practice of skydiving dangerous for me and others.  
If in doubt about my abilities, I know that it is best to have professional medical advice.  
I am also informed that it is my responsibility to check with my insurance that the latter covers the practice of skydiving in the event of material damage or not that I may cause in France and abroad.  
Whether I participate in a jumping school, commemorative jumps or any other activity proposed and organized by Airborne Center, I undertake to scrupulously respect the program defined by the instructor(s), as well as their directives and instructions of whatever nature. they are as soon as they are linked to the practice of skydiving.  
In case of loss, theft and damage to my equipment, only my responsibility is engaged.  
Finally, I certify on my honor the accuracy of the information provided in this document, as well as the origin and integrity of the documents attached to it.

Done at read and approved The Marlun Turley

Signature (preceded by the words "read and approved")

The personal data concerning natural persons thus collected are mandatory and their main purpose is the organization of parachute jumps. They are exclusively intended, as well as those which will be collected later, for the A-Center Association, responsible for processing. Some data may be sent to third parties to meet legal and regulatory obligations. A-Center is bound to secrecy with regard to this data. However, A-Center is authorized by natural persons to communicate data concerning them to companies, associations and institutions for the purposes of management and organization of the various activities. Individuals have the right to access, rectify or delete any personal data concerning them from the A-Center association.





## INDYWIDUALNY ARKUSZ INFORMACYJNY

Zdjęcie  
tożsamościowe

### TWÓJ STAN CYWILNY\*

Tytuł	PAN
Nazwisko	TURLEJ
Imię	MARIUSZ
Data urodzenia	23.07.1974
Miasto i kraj urodzenia	KOŃSKIE - POLSKA
Narodowość	POLSKA
Pełny adres	KORDIANA 95/5
Kod pocztowy	04-418
Miasto	WARSZAWA
Kraj	POLSKA
Telefon	+48 696 806 583
Adres e-mail	MM73-74@O2.PL

### TWOJE POMIARY

Twój rozmiar (cm)	180					
Twoja waga (kg)	100					
Twój rozmiar ubrań*	XS	S	M	L	XL	XXL

\* Zakreśl rozmiar odpowiadający Twojemu zwykłemu rozmiarowi ubrań

### TWOJA PRAKTYKA SPADOCHRONOWA

Twój poziom Zakreśl dokładne sformułowanie	<input type="checkbox"/> Początkujący	<input type="checkbox"/> Mediator	<input checked="" type="checkbox"/> Potwierdzony
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Jeśli posiadasz jeden lub więcej uznanych patentów, wypełnij poniższą tabelę. Jeśli nie, przejdź do kolejnych pytań.

Uzyskane certyfikaty (wojskowe, cywilne, społeczne itp.)	Rodzaje skoków (OA, OR)	Liczba wykonanych skoków	Data ostatniego wykonanego skoku
SW. KW. PERS. LOT.	OA OR	429	15.06.2025

**WAŻNE:** do niniejszego dokumentu należy dołączyć kopię certyfikatów oraz ostatnią zapisaną stronę dziennika pokładowego, aby uzasadnić liczbę i rodzaj wykonanych skoków.

Czy masz spadochron główny i zapasowy?  
(Tylko z okrągłą czaszą w stylu wojskowym)

<input checked="" type="checkbox"/> TAK	<input type="checkbox"/> NIE
Główny typ spadochronu (MC1, T10, SF10...)	MC-1
Rezerwowy paker spadochronu	23658 / SŁAWOMIR GROCHOWSKI



**OSOBA, Z KTÓRĄ NALEŻY SIĘ SKONTAKTOWAĆ W RAZIE POTRZEBY \***

Tytuł	PANI
Nazwisko	LITWIN
Imię	JOANNA
Pełny adres	KORYWA 161c / 66
Kod pocztowy	04-543
Miasto	VARSAWA
Kraj	POLSKA
Telefon :	+48 539 992 367
Adres e-mail	KITEASIALITWIN@GMAIL.COM

**DEKLARACJA O HONORZE**

Ja, niżej podpisany, **NAZWISKO, TURLEJ** **IMIĘ MARIUSZ**

Oświadczam honorowo, że nie cierpię na żadne problemy fizyczne ani psychiczne, które mogłyby sprawić, że skoki spadochronowe będą niebezpieczne dla mnie lub innych.

W razie wątpliwości co do moich możliwości, rozumiem, że lepiej zasięgnąć porady lekarza.

Zostałem również poinformowany, że moim obowiązkiem jest sprawdzenie w moim towarzystwie ubezpieczeniowym, czy obejmuje ono skoki spadochronowe w przypadku szkód materialnych lub niematerialnych, które mogą spowodować we Francji lub za granicą.

Bez względu na to, czy uczestniczę w szkole skoków spadochronowych, skokach pamiątkowych, czy innych zajęciach oferowanych i organizowanych przez Airborne Center, zobowiązuję się do skrupulatnego przestrzegania programu określonego przez instruktora(-ów), a także ich wytycznych i wytycznych wszelkiego rodzaju, o ile dotyczą one skoków spadochronowych.

W przypadku utraty, kradzieży lub uszkodzenia mojego sprzętu ponoszę wyłączną odpowiedzialność.

Na koniec niniejszym zaświadczam honorem prawdziwość informacji zawartych w niniejszym dokumencie, a także pochodzenie i integralność załączonych do niego dokumentów.

**Wymagany podpis**

(poprzedzone słowami „przeczytano i zatwierdzono”)

*przeczytano i zatwierdzono Mariusz Turlej*

Gromadzenie danych osobowych dotyczących osób fizycznych jest obowiązkowe i służy przede wszystkim organizacji skoków spadochronowych. Dane te, podobnie jak wszelkie dane zebrane później, są przeznaczone wyłącznie dla Stowarzyszenia A-Center, które jest odpowiedzialne za ich przetwarzanie. Niektóre dane mogą być przekazywane osobom trzecim w celu wypełnienia obowiązków prawnych i regulacyjnych. Stowarzyszenie A-Center jest zobowiązane do zachowania poufności tych danych. Jednakże, A-Center jest upoważnione przez osoby fizyczne do przekazywania swoich danych firmom, stowarzyszeniom i instytucjom w celu zarządzania i organizacji ich różnych działań. Osoby fizyczne mają prawo do dostępu, sprostowania lub usunięcia wszelkich danych osobowych ich dotyczących ze Stowarzyszenia A-Center.





## MEDICAL QUESTIONNAIRE

NAME : TURLEY

FIRST NAME : MARIUSZ

DATE OF BIRTH : 23/07/1974

PLACE OF BIRTH : KONSKIE

LEVEL OF PRACTICE of hemispherical skydiving  
at low altitude:

- Level 1 (< 20 jumps) ☐
- Level 2 (21/40 jumps) ☐
- Level 3 (> 40 jumps) ☒

NUMBER OF JUMPS \* : 429

\*You must be able to justify these jumps on  
presentation of proof (ex: jumps booklet)

1°) Have you ever had surgery? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
2°) Have you ever had a head injury? If yes, specify (date and consequences) _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
3°) Have you suffered a spinal compression injury?	YES <input type="radio"/> NO <input checked="" type="radio"/>
4°) Do you have a chronic illness? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
5°) Have you ever had one or: • Fracture : when _____ location _____ • Sprain : when _____ location _____ • Dislocation : when _____ location _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
6°) Do you follow a one-time, recurring or regular drug treatment? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
7°) In the past 12 months have you experienced chest pain, palpitations, unusual shortness of breath or malaise? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
8°) Did a member of your family die suddenly of a cardiac or unexplained cause?	YES <input type="radio"/> NO <input checked="" type="radio"/>
9°) Have you ever had an episode of wheezing (asthma type)	YES <input type="radio"/> NO <input checked="" type="radio"/>
10°) Do you have sight problems? If yes, do you wear glasses or contact lenses: _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
11°) Do you have hearing problems? If yes, do you wear a hearing aid : _____ _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
12°) Do you have useful information to communicate: _____ _____	YES <input type="radio"/> NO <input checked="" type="radio"/>

I, the undersigned (surname/first name) MARIUSZ TURLEY  
certify on my honor the accuracy and sincerity of the information given above.

Made in WARSAW The 08/09/2025 signature : Mariusz Turley





# SERVICE AGREEMENT TERMS AND CONDITIONS

The present general conditions of the service agreement of Airborne CENTER are concluded between,  
On the one hand: Airborne CENTER domiciled at 106 boulevard Clemenceau, 59510 Hem (Nord  
Department - 59), identification number R.N.A W662005544, publication number 20120003, represented  
by its President Mr. Jean François BODET.

Phone : 03 20 94 14 14

E-mail : [airbornecenter.france@gmail.com](mailto:airbornecenter.france@gmail.com)

Site internet : <http://www.airbornecenter.com>

And on the other hand :

Name : MURLE J

First Name : MARIUSZ

Address : KORDIANA 85/5, 02-418 WARSZAWA

Phone : +48 / 696 / 806 / 583 /

E-mail : MURLE-J@O2.PL

## ARTICLE 1-0

The present general conditions of the service agreement of Airborne CENTER govern all the services and reservations offered by Airborne CENTER.

The parties agree that their relations will be exclusively governed by this agreement, as well as the rules of procedure and the statutes of Airborne CENTER, to the exclusion of any other condition. Any reservation or order made with the A - CENTER association implies total and unreserved acceptance of these general conditions and, possibly, of the special or specific conditions for one or more services offered to members.

## ARTICLE 1-1

These conditions define the reciprocal terms and obligations of the parties.

## ARTICLE 1-2

All the services (discovery jump, refresher course, maintenance jump, demonstration jump, commemorative jump, air show, full course, etc.) offered to members of Airborne CENTER are only valid in exploited areas. temporarily or permanently by Airborne CENTER.

## ARTICLE 1-3



The aerial activities offered by the A - CENTER association are subject to hazards (climatic, meteorological, technical, physical, etc.) which do not guarantee the smooth running of the services offered to members, or even impose postponement or cancellation. Airborne CENTER will always take the decisions that will preserve its members and the smooth running of its activities, within a strict legal framework and in optimal security conditions. Under such conditions, no claim will be taken into account.

#### **ARTICLE 1-4**

The services offered to members are described and presented with the greatest possible accuracy. However, if errors or omissions occur in this presentation, the responsibility of the association A - CENTER cannot be engaged. The illustrations, videos, photos... of the services in support of the text and the speech do not enter into the contractual field.

#### **ARTICLE 1-5**

The services offered to members of the A - CENTER association are only reimbursable within the strict limits of the following degressive conditions ("D" is to be considered as the date of completion of the order):

- From order to D-30 = 80% of the total cost reimbursed
- D-29 to D-20 = 50% of the total cost reimbursed
- D-19 to D-14 = 40% of the total cost reimbursed
- D-13 to D-8 = 20% of the total cost reimbursed
- From D-7 included = no refund

#### **ARTICLE 1-6**

All services are valid for one year from the date of booking.

#### **ARTICLE 1-7**

Airborne CENTER is and remains the owner of all the images (photographs, videos, illustrations, etc.) and of the use that may be made of them, whether commercial or not.

#### **ARTICLE 1-8**

Prices are presented in Euros (€) and include VAT.

#### **ARTICLE 1-9**

The prices are revised periodically depending, in particular, on the variation of fuel costs, landing taxes and any other variable charges.

#### **ARTICLE 2-0**

Airborne CENTER cannot be held responsible in the event of a price change between the time the service is ordered and the date on which it will be carried out (see article 1-9).

#### **ARTICLE 2-1**

The performance of the service ordered (within the framework described by articles 1-2/3/4) implies acceptance of the prices and descriptions of the services offered. No complaint will be taken into account.



## **ARTICLE 2-2**

Any service started (within the framework described by articles 1-2/3/4/5) implies acceptance of the prices and descriptions of the services offered. No complaint will be taken into account.

## **ARTICLE 2-3**

All additional costs (postage, travel, printing, etc.) to normal file management (member's delay, non-compliance with procedures, etc.) will be fully borne by the member who initiated them.

## **ARTICLE 2-4**

Payments are made primarily by bank transfer (specifying the purpose of the payment and the name of the member),

by Paypal [airbornecenter.france@gmail.com](mailto:airbornecenter.france@gmail.com), or by species.

- **Bank details of the association:**
- BIC : CEPAFRPP627
- IBAN : FR76 1627 5008 0008 0003 4033 434

## **ARTICLE 2-5**

The services are paid for when ordering and no later than forty (40) days before the date of their completion.

After this period, additional administrative costs, which may amount to 20% of the total amount of the service ordered, may be claimed.

## **ARTICLE 2-6**

The total or partial non-payment of the order before its completion will result in the cancellation of the service, without possible refund.

## **ARTICLE 2-7**

Any payment check is cashed upon receipt in order to validate the order.

Receipt of the check and the registration file constitutes confirmation of the service ordered. In case of rejection of the check by the holder of the debited account, the service will be canceled.

## **ARTICLE 2-8**

The deposit is not refundable.

## **ARTICLE 2-9**

All members must follow the ordering procedure

After making their choice and checking the specifics of the service, the member can either pay:

The form can be sent as an attachment to an email addressed to [airbornecenter.france@gmail.com](mailto:airbornecenter.france@gmail.com) but it will only be taken into account upon receipt of the check and definitively validated when the sum is credited to the association's account.

- By bank transfer to the following details:
  - o BIC: CEPAFRPP627
  - o IBAN: FR76 1627 5008 0008 0003 4033 434

The form will be sent by email to [airbornecenter.france@gmail.com](mailto:airbornecenter.france@gmail.com) but it will only be taken into account upon receipt of the transfer crediting the association's account.

## **ARTICLE 3-0**

Airborne CENTER reserves the right to cancel a service due to bad weather conditions, for insufficient safety reasons or for any other case of force majeure beyond its control.

This cancellation can take place just before take-off or even during the flight. In this case, Airborne CENTER will not be liable for the travel or accommodation costs incurred by the members to go to the place of performance of the service.



In addition, the payment for the service will be reimbursed to the member after subtracting the costs incurred by the association and which it has already paid to its suppliers and other service providers..

#### **ARTICLE 3-1**

In the event that the member refuses to perform a service (example: refusal to jump or board an aircraft), the service is considered to have been performed and the full price remains due. No complaint will be taken into account.

The same applies in the case of a member who does not show up for the appointment (day and time) set for the performance of a service. Same thing if he shows up late.

#### **ARTICLE 3-2**

Access to the plane and to the are subject to the validation of the written evaluations (written test) and practical (passage to the harness, restitution of the acquired skills, rolling around...). The staff and instructors will invalidate any candidate who fails to pass the tests. No refund will be made but the candidate will be able to try his luck again on the next jumpschool, without paying a supplement.

#### **ARTICLE 3-3**

In the event of force majeure and at least seven (7) days before the performance of a service, a member may ask to postpone the sums he has committed to another service of the same type taking place later.

In order to cover all or part of the costs incurred by Airborne CENTER, 20% of the total cost of the service paid by the member will be deducted from the amount thus deferred.

The notion of force majeure must also be justified by the member: medical certificate, work stoppage, proof of accident, etc.

In the absence of justification, the service will be considered as carried out and no refund or postponement will be granted.

#### **ARTICLE 3-4**

In the event of abandonment of a member during the performance of a service, no refund will be made, except for medical reasons confirmed by a doctor. In this case, the amount of the reimbursement will be calculated in proportion to the number of jumps made and the fixed costs will be retained (licence, center card, administrative costs, equipment provided, etc.).

#### **ARTICLE 3-5**

For the reasons cited in article 1-3, Airborne CENTER cannot guarantee the performance of a service on a fixed, firm and definitive schedule. The appointment schedule thus communicated is indicative. However, the member must respect this schedule and plan the time necessary to carry out the service in the best possible conditions.

If the member does not organize himself accordingly, the service will be considered as fully realized, without possible refund

#### **ARTICLE 3-6**

The performance of a service depends closely on the weather conditions, the aircraft and the equipment used, all with a view to safety.

Instructors, droppers, pilots, para club or aerodrome managers, members of the office of Airborne CENTER or any other authority in charge of the proper performance of a service, may at any time decide to postpone it, its cancellation, the revision of the parachuting conditions... in the event of meteorological, technical, health problems... that may affect safety.

#### **ARTICLE 3-7**

The minimum age for the practice of hemispheric skydiving set by Airborne CENTER association is 16 years old.



### **ARTICLE 3-8**

The criteria of age, height, weight and motivation of the member are taken into account by the instructors, droppers, pilots, para club or aerodrome managers, members of the office of Airborne CENTER or any other authority in charge of the proper performance of a service. They reserve the right to accept or refuse a member they deem unsuitable for skydiving. In this case, the amount paid during registration will be refunded after subtracting the costs incurred by Airborne CENTER.

### **ARTICLE 3-9**

The jumping member must be in good physical and mental health and not be suffering from a condition or illness that contraindicates the practice of skydiving. Not having recently had an accident, not undergoing medical treatment that could alter your mind and body, not suffering from problems with the lower limbs, the spine, heart, O.R.L., loss of consciousness, epilepsy... and not be pregnant.

Upon joining, members are required to present a medical certificate of aptitude for the practice of skydiving (issued by a Doctor) and to inform Airborne CENTER of specificities such as the wearing of contact lenses, glasses, the presence of prostheses... and any other characteristic that may have an impact on the practice of skydiving and the safety of the member.

In the event of a change between membership and participation in a service, members are required to inform Airborne CENTER.

Airborne CENTER reserves the right to prohibit from jumping any member who has concealed a characteristic (physical, physiological, psychological or psychic) that may affect his safety and that of others.

The same applies if the association detects such a characteristic in a member.

In either of these cases, no complaint will be taken into account and the member will have to present himself again with a certificate of aptitude for the practice of parachuting.

### **ARTICLE 4-0**

It is strongly recommended that members do not perform scuba diving within 48 (forty-eight) hours preceding the performance of a service.

### **ARTICLE 4-1**

Members must wear clothing that meets the following specifications:

- HBT Airborne CENTER khaki outfit, US M1C type helmet and US Corcoran type jumping boots, A - CENTER cap.
- During the first performances, excluding commemoration or demonstration jumps, a sober and non-camouflaged khaki outfit (excluding HBT Airborne CENTER khaki outfit) and high-top shoes without hooks may be accepted while the member is respectfully equipped. rules imposed by Airborne CENTER.

The wearing of decorations and uniforms is strictly prohibited, except in special cases and under very strict conditions for active military personnel (French or foreign), operational reservists, old and veterans.

The HBT Airborne CENTER khaki outfit allows members to display one or more patents (4 maximum and in fabric), including the Airborne CENTER patent. Obtaining and the right to use these patents must be able to be justified at any time by the members.



Exceptionally, members can wear a beret or police cap subject to justifying that they serve or have served in the weapon thus represented. This wearing can only be done within the strict framework of a ceremony (granting of patents for example).

Wearing ranks is strictly prohibited.

Any member displaying decorations, patents, ranks, uniforms... in a usurped way will be excluded from the meeting from the current service, from Airborne CENTER and will be the subject of a declaration for illegal wearing of decoration , rank or uniform.

#### **ARTICLE 4-2**

For safety reasons and in compliance with the technical specifications provided by the manufacturer of the parachutes used by Airborne CENTER, **the weight of the jumping member must not exceed Ninety kilograms (90 kg) maximum on jump day.**

If this weight is exceeded, the Service Manager reserves the right not to authorize the member to jump. In this case and in the event of manifest and deliberate concealment of the weight, the service will be considered carried out and full payment will be required, without any possible complaint..

#### **ARTICLE 4-3**

Any member who has consumed substances that may degrade his physical, psychotechnical, psychic and psychological abilities (alcohol, drugs, medication, etc.) will be refused access to the service, without complaint or refund possible..

#### **ARTICLE 4-4**

All members are required to comply with the safety rules in force which are posted on the aerodromes, para clubs, practiced within the structures which welcome us, presented in the internal regulations of Airborne CENTER, or practiced by the aircraft that we are using.

Otherwise, the offending member will be excluded from the service which will be considered to have been carried out and full payment will be required, without any possible complaint.

#### **ARTICLE 4-5**

Any complaint from a member concerning the order of a service that cannot be carried out by Airborne CENTER will be considered unfounded. Airborne CENTER undertakes to notify by e-mail or telephone any member who has placed an order for an unrealizable service.

#### **ARTICLE 4-6**

Any complaint must be sent by registered letter with acknowledgment of receipt to the registered office of Airborne CENTER (106 Boulevard Clemenceau - 59510 Hem) within a maximum period of seven (7) days after completion of the service concerned.

The complaint must be substantiated and supported by tangible and verifiable evidence. After this period and without motivation, the complaint will be considered null and void and dismissed.

#### **ARTICLE 4-7**

Each party may initiate any useful procedure, express jurisdiction being attributed to the courts of the city of Hem.

This service agreement of Airborne CENTER comprises a total of 07 pages and 38 articles numbered from 1-0 to 4-7



## MEMBER'S COMMITMENT

The following text is to be reproduced below and by hand, without modifications or erasures, specifying your surname and first name:

"After having read all the informations specifying the nature and extent of the obligations that I contract with Airborne CENTER, I, the undersigned surname + first name, declare:

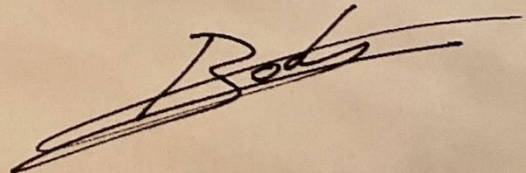
- Have received, read and understood the statutes of Airborne CENTER, and accept without conditions all the articles
- Have received, read and understood the rules of procedure of Airborne CENTER, and accept all of the articles without conditions.
- Having read and understood this service agreement, and unconditionally accepting all of its articles. »

Made in LARSAW, the 08/09/2025

Subscriber's signature  
" Read and approved "

*read and approved  
Hansel /unly*

For Airborne CENTER  
The President, Jean-François BODET







## PHYSICAL AND PSYCHIATRIC FITNESS CONDITIONS FOR PARACHUTIST CANDIDATES



The parachutist jump with static line (automatic opening) takes place as follows:

- 1°) Ground instruction requiring a good understanding and restitution of lessons
- 2°) Equipment with carrying a dorsal parachute and a ventral parachute (rescue parachute) representing a load of 20 kilos
- 3°) Ascent by plane and gaining height of several hundred meters with reactive stress result in tachycardia and a rise in blood pressure
- 4°) Airplane exit, ultimate moment of the adrenaline rush
- 5°) Opening of the main sail and navigation under sail
- 6°) If incident of opening of the dorsal parachute: need to react very quickly to open the ventral parachute (rescue parachute), hence vital imperative of an ability to react without delay, both psychic and physical
- 7°) Arrival on the ground with impact at an approximate vertical speed of 5 meters/second and a rolled ball

### THE RESULTING CONTRAINDICATIONS ARE:

#### 1°) Those that could lead to the loss of consciousness of the parachutist in flight:

- Untreated epilepsy, or treated epilepsy with a seizure less than two years old
- Insulin-dependent diabetes (i.e. who uses insulin alone to treat their diabetes)
- Coronary heart disease (myocardial infarction, bypass surgery, stents, etc.)
- Serious arrhythmias (resulting in discomfort, hospitalization, emergency care)
- Unbalanced hypertension, arrhythmias: relative contraindication (specialist opinion requested)
- Any history of repeated, unexplained blackouts

#### 2°) Those that may lead to non-compliance with the measures to be followed:

- Patient with reduced higher cognitive abilities (even slight debility, Alzheimer's disease)
- Psychiatric history with personality or behavioral disorders (specialist opinion requested)
- History of suicide attempt, depressive syndrome: relative contraindication (specialist opinion requested)
- Excessive alcohol consumption (compatible biological assessment essential)
- Substance addiction

#### 3°) conditions exposing to very serious consequences if poor reception:

- Obese with BMI greater than 35
- Thinness with BMI less than 18.5
- History of spinal fracture
- Vertebral compaction
- Osteosynthesis of the spine
- Osteoporosis, osteomalacia (or abnormal bone fragility following prolonged drug treatment)
- Osteosynthesis material at the level of a lower limb
- Severe scoliosis (i.e. with Cobb angle greater than 15°)
- Spondylolisthesis from grade 2 (more than 25% sliding of one vertebral body over the other)
- History of head trauma with loss of consciousness
- Taking anticoagulants
- Splenomegaly

#### 4°) other qualifying conditions:

- Asthma-disease in progress or unbalanced
- Recurrent spontaneous pneumothorax, operated or not
- State of pregnancy: it is up to the person concerned to declare her state of pregnancy as soon as she becomes aware of it.
- Visual acuity without or with correction less than 5/10 for the best of the two eyes and 3/10 for the less good (if obtained with correction, tick the box "wearing corrective lenses" on the certificate)
- History of heart surgery
- History of surgery of the brain and its envelopes





## CERTIFICATE OF PHYSICAL ABILITY FOR PARACHUTIST CANDIDATES

This certificate must be established for less than six months at the date of the first jump.

The candidate and the medical consultant read the regulatory provisions appearing on Pages 2 & 3.

### FRAMEWORK RESERVED FOR THE CONSULTANT PHYSICIAN

I, the undersigned, Doctor of Medicine,

----- Damian Trzos -----

-----

Certify having examined this day,

Name : ----- Turlej -----

first name : ----- Mariusz -----

After examining the patient and  
analyzing the contraindications  
described on the back of this certificate,  
I declare that the person concerned:

☒ satisfied

☐ does not satisfy

the physical and psychiatric aptitude  
conditions required for this activity.

Made in ----- Warsaw -----

The ----- 10/09/2025 -----

Signature and stamp of the Consulting Physician:

Damian Trzos  
Lekarz  
2875750

### FRAMEWORK RESERVED FOR CANDIDATE PARACHUTISTS

I, the undersigned,

Name : ----- TURLEJ -----

First Name : ----- MARIUSZ -----

Born the : ----- 23/07/1979 -----

birthplace: ----- KONSKIE -----

Current address: ----- KORDIANA 95/5 -----

----- 04-418 WARSZAWA - POLAND -----

- ☐ Declare to be aware that skydiving is a risky activity. \*
- ☐ Declare to have read the risks associated with this activity and the necessary physical and psychiatric aptitude conditions. \*
- ☐ Declare not having concealed any medical information concerning me from the medical consultant. \*
- ☐ Undertake to report any change in my state of health that may occur between the writing of this certificate and the date of the jump. \*

\* The 4 ☐ must be ticked under penalty of nullity

Made in ----- WARSAW -----

The ----- 08/09/2025 -----

Signature of the parachutist candidate:

Mariusz Turlej



**KARTA ZESTAWU  
SPADOCHRONOWEGO**

WŁAŚCICIEL OWNER

IMIE I NAZWISKO  
NAME  
*Monim Twley*

ADRES  
ADDRESS

TELEFON  
TELEPHONE

[illegible]