



**HAND-GLIDING QUESTIONNAIRE**

*To be completed by the life proposed.*

Full name .....

**Gliding**

1. How long have you been hand-gliding? .....
2. To date, how many flights have you made? .....  
 And how many hours flying in total? .....
3. How many flights per annum do you intend to make? .....  
 And how many hours per annum? .....
4. Whereabouts do you hand-glide, and what method of launching do you use? .....  
 .....
5. Are you a member of the Hand Gliding Federation of Australia or the NZ Hand Gliding Association or an affiliated instructor (which)? .....  
 .....
6. Are you a HGFA or NZHGA instructor (which)? .....
7. Do you expect to participate in national or international competitions? **YES / NO**  
 If so, please give full details .....  
 .....
8. Do you expect to be involved in record attempts or prototype testing? **YES / NO**  
 If so, please give full details .....  
 .....
9. Have you been involved in any accident causing injury to yourself or significant damage to your hand-glider? **YES / NO**

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment of this proposal.

I agree that this form will constitute part of my proposal for disability insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed ..... Dated .....