



**Flyer Registration Form**  
**The ZERO-G Experience**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of proposed flight: \_\_\_\_\_

Have you previously flown parabolic flight? \_\_\_\_\_

If yes, when, where, and how many parabolas? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Flyers will be grouped into three teams, each led by a ZERO-G coach. If there are other flyers on your flight that you would like to be teamed up with, please list their names here: \_\_\_\_\_

\_\_\_\_\_

If you have special needs, handicaps, or anything you would like your coach to know about you in advance, please describe here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



In the past, many Flyers have requested the email addresses of the other people on their flight in order to keep in contact. Would you like to participate in the email exchange? (yes) (no)

If you are interested in possibly talking to the media, please provide the following information:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for flying: \_\_\_\_\_

Please provide us with your: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Did you purchase this flight or was it a gift? \_\_\_\_\_

How did you hear about Zero Gravity Corporation? (Internet, Sharper Image, Sales Agent, etc.) \_\_\_\_\_

In case of emergency, please notify the following non-flyer:

\_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

I am at least 12 years of age (Please initial): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Liability Waiver Form The **ZERO-G Experience**

### Acknowledgement and Express Assumption of Risk And Full Release of Liability

I, \_\_\_\_\_, the participant in the Zero Gravity Corporation, Inc's (hereinafter referred to as "ZERO-G") weightless flight experience (the "*ZERO-G Experience*"), understand that during my participation in the ZERO-G Experience I may be exposed to a variety of hazards and risks foreseen and unforeseen, which are inherent in or may result from each ZERO-G Experience and some of which cannot be eliminated without destroying the unique character of the ZERO-G Experience. These inherent risks include, but are not limited to the dangers of property damage, personal injury or illness (minor or serious) and/or death ("Injuries & Damages") resulting from weightlessness, the conduct of the ZERO-G Experience, flight malfunction or mechanical failure and/or anything else related to the ZERO-G Experience. Some of the specific risks include, but are not limited to: injury or illness from sudden changes in gravity, altitude and/or turbulence, and could include physical contact of your body with the interior of the aircraft and other participants during weightlessness, as well as objects and liquids floating in the aircraft. I understand and acknowledge that I have been provided with information on the ZERO-G Experience. I have fully reviewed and fully understand such information. I have been afforded the opportunity to discuss the ZERO-G Experience with my health care provider or physician and that ZERO-G has explained these risks to me and has not tried to conceal, contradict or minimize my understanding of these risks. I understand that Injuries & Damages can occur by natural causes or activities of other persons, other participants, the Mission Director and Coaches, assistants or other third parties, as a result of negligence, the conduct of the ZERO-G Experience or because of other reasons. I also understand that risks of such Injuries & Damages are involved in such high adventure programs as the ZERO-G Experience and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards and that despite exercising such care Injuries & Damages may occur. I further understand that there may not be rescue or medical personnel on board the aircraft to address and treat the Injuries & Damages to which I may be exposed to as a result of the ZERO-G Experience. Parabolic flight is offered under Part-121 with certain exemptions from Part-91 and Part-25 of the Federal Air Regulations (FAR), which the Federal Aviation Administration has determined do not adversely affect safety. Risks include that of decompression and loss of consciousness, while the probability of an explosive decompression on the ZERO-G aircraft is similar to any other Part-121 operation, the implications of not getting oxygen into the body immediately could be significant.

In consideration for my acceptance and participation on the ZERO-G Experience, and the training, services and amenities to be provided by ZERO-G in connection with this Flight, I confirm my understanding that:

- I have read any rules and conditions applicable to this flight made available to me by ZERO-G; and I acknowledge my participation is at the discretion of the "Mission Director."



- If I decide to leave early and do not complete the total *ZERO-G Experience*, I assume all the risks inherent in my decision to leave and waive all liability against ZERO-G arising from my decision.
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE ALL CLAIMS AND RELEASE FROM LIABILITY** ZERO-G, AMERIJET INTERNATIONAL, INC., SHARPER IMAGE CORPORATION, NASA KENNEDY SPACE CENTER, NASA AMES Research Center and all of their respective affiliated companies, parent companies and subsidiaries, and their officers, directors, employees, agents, consultants, attorneys, leaders, and any other related persons or entities, from **any and all liability** on account of, or in any way resulting from Injuries & Damages, even if caused by negligence, whether active or passive, of the ZERO-G, AMERIJET INTERNATIONAL, INC., SHARPER IMAGE CORPORATION, NASA KENNEDY SPACE CENTER, NASA AMES Research Center and all of their respective affiliated companies, parent companies and subsidiaries, and their officers, directors, employees, agents, leaders, or other related persons or entities in any way connected with the *ZERO-G Experience*. I further agree to **HOLD HARMLESS** ZERO-G, AMERIJET INTERNATIONAL, INC., SHARPER IMAGE CORPORATION, NASA KENNEDY SPACE CENTER, NASA AMES Research Center and all of their respective affiliated companies, parent companies and subsidiaries and their officers, directors, employees, agents, consultants, attorneys, leaders and any other related persons or entities from any claims, Injuries & Damages or losses caused by my own negligence, whether active or passive, while participating in the *ZERO-G Experience*. I understand and intend this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes and is binding upon any or my minors and any minors accompanying me on the *ZERO-G Experience*.
- I agree that this waiver and liability release shall be governed by the laws of the State of Florida, without regard to the principles of the conflicts of laws thereof, and any disputes arising under this agreement shall be brought only before the courts in the State of Florida.
- I have read this document in its entirety, I fully understand its contents and the claims I am releasing and the hold harmless agreement, and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the *ZERO-G Experience*.

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Signature

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Date



## The ZERO-G Experience – Medical History Form

The purpose of this form is to verify that you are in good health or that your personal physician has determined that any existing medical condition(s) will not adversely affect your participation in the ZERO-G Experience.

**Personal Medical History:** Have you ever had or received medical treatment for any of the following conditions?

Frequent or severe headaches or head injury	Weakened limbs or joints or broken bones within the past year
Dizziness, blackouts, fainting spells, or loss of consciousness for any reason	Behavioral health, mental or psychological problems, such as anxiety or panic attacks, fear of heights, fear of flying or fear of closed spaces
Eye or vision trouble (except glasses)	Substance dependence or failed drug test, or substance abuse or use of illegal substance in the last five years
Ear disease, hearing loss or balance disorders	Alcohol dependence or abuse
Severe sinus or severe allergies	Heavy smoking
Lung disease, breathing problems, asthma, pneumothorax or others	Suicide attempt
Heart or vascular trouble, stroke, or other heart or stroke disorder	Motion sickness requiring medication
High or low blood pressure, prescription medication for blood pressure	Allergic reaction to Scopalamine, Dexedrine or anti-motion sickness medications
Stomach, liver or intestinal trouble (i.e. ulcers, colostomy or ileostomy)	Medical rejection or medical discharge from military
Bleeding or other blood disorders	Recent severe illness, surgery, or admission to hospital
Kidney stones or blood in urine	Currently pregnant or attempting to become pregnant
Diabetes	Brain or neurological disorders: epilepsy, seizures, stroke, paralysis, severe migraine headaches, multiple sclerosis or others
Neck, back or other spinal disorders	

**Initial One Only:**

\_\_\_\_\_ I have experienced one or more of the above conditions but have consulted with my physician and have been advised that my condition(s) will not affect my safe participation in the ZERO-G Experience.

\_\_\_\_\_ None of these conditions apply to me.

The information I have provided about my medical history is true to the best of my knowledge. I agree to accept the responsibility for omissions regarding my failure to disclose any existing or past health condition(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Motion Sickness Prevention Form **The ZERO-G Experience**

***Included in the price of our seat, is a dosage of a motion sickness medication called SCC. We strongly recommend this medication to ALL Flyers to mitigate motion sickness during the ZERO-G Experience. There is little downside, and even those who are experienced sailors or flyers have told us that they are glad that they took the medication.***

### SCC Composition

- Scopolamine .4 mg
- Chlorpheniramine 8 mg
- Caffeine 200 mg

Scopolamine is a prescription drug intended to reduce motion sickness. Some of the side effects are drowsiness and dryness of the mouth. Caffeine is included in the capsule to counteract the drowsiness. The SCC should be taken about an hour before the flight.

If you are undecided about using the recommended medication, we would like to help you weigh your options. This decision may make the difference between having a wonderful time or becoming ill and spending the flight in a seat. We would like everyone to get the most out of their experience.

### **For travelers outside the United States:**

Prescriptions **CANNOT** be honored from physicians not licensed by the U.S. Please consult your personal physician for alternatives, and or arrive early to consult with a U.S. Medical Doctor

Here are the steps to take:

1. Visit with your physician and ask them to fill out the blank prescription form for SCC.
2. Sign the Prescription Release form allowing ZERO-G to pick up your prescription from our local pharmacy.
3. **Ask your physician to fax in the Prescription and Release form to us at 702-247-44024 – Attn: Philip Clark at least 5 days before you are scheduled to fly.**
4. On flight day, we will have your medication and give you instructions on when to take it.

The reason we recommend going through our pharmacy is because this Scopolamine is difficult to get, and most pharmacies are not prepared to fill this prescription.



**The *ZERO-G Experience***  
Prescription Release Form

Attn: Pharmacist

I, \_\_\_\_\_, hereby authorize a representative of the  
Zero Gravity Corporation to receive my prescription for SCC for my flight on  
\_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**The ZERO-G Experience  
Prescription Form**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of proposed flight: \_\_\_\_\_

Prescription:

Combination Capsule:

Scopolamine	.4 mg
Caffeine	200 mg
Chlorpheneramine	8 mg

Sig: Take one capsule 1 hour prior to weightless flight, may repeat in 6-8 hours.

Disp: 2 capsules

Signature: \_\_\_\_\_ M.D.

Printed Name: \_\_\_\_\_ MD

License Number: \_\_\_\_\_ State: \_\_\_\_\_

DEA Number: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_





Photo and Publicity Release  
**The ZERO-G Experience**

I hereby grant ZERO-G, their assigns, licensees, agency and legal representatives, as well as news agencies assigned to cover the press briefing, ground training and flight experience that I will be participating in, the irrevocable right to copyright, publish and use in any form or media, for publicity, promotion or other lawful purposes, any likeness or photograph in which I am included.

I waive the right to inspect or approve the finished product, including written copy. I hereby release and agree to hold harmless ZERO-G, their assigns, licensees, agency and legal representatives, and those operating under their authority from any liability by virtue of the lawful use of these pictures. I warrant that I am of full legal age and that I have read and understand the contents of this release (if minor, parent or legal guardian).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name