

TECHNICAL SHEET OF THE ACTIVITY

REGIÓN

V REGIÓN

COMUNE

PUCHUNCAVÍ

PLACE

**PARAGLIDING
ADVENTURE**

DESCRIPTION OF THE ACTIVITY DETAILING ITS LOCATION AND MAIN CHARACTERISTICS

THE TWO-SEATER ULTRALIGHT PARAGLIDING FLIGHT ACTIVITY TAKES PLACE AT THE PARAGLIDING ADVENTURE FLIGHT CENTER, LOCATED IN THE VALPARAÍSO REGION, PUCHUNCAVÍ COMMUNE, MAITENCILLO TOWN. THE ACTIVITY HAS DIFFERENT MODALITIES OF DEVELOPMENT, WHICH WILL DEPEND ON THE SERVICE CONTRACTED BY THE CLIENT, THESE CAN VARY IN:

- FLY FREESTYLE
- FLY OF 15 A 20 M.

THE FLIGHT REGARDLESS OF ITS MODALITY IS CARRIED OUT ALONG THE COASTAL SLOPE OF CERRO TACNA, ONCE THE PASSENGER MAKES HIS ENTRY BY FILLING OUT THE RESPONSIBILITY SHEET CORRESPONDING TO THE PARAGLIDING ACTIVITY, IT IS BROKEN DOWN AS FOLLOWS: FILLING OUT THE SHEET BY THE CLIENT DELIVERY OF BASIC INSTRUCTIONS FOR THE DEVELOPMENT OF THE ACTIVITY WAITING FOR THE PASSENGER IN THE AREA DESIGNATED FOR IT ONCE HIS TURN CORRESPONDS, THE PASSENGER IS TAKEN TO THE TAKE-OFF AREA, WHERE HE IS EQUIPPED BY THE PILOT, OR THE RUNWAY ASSISTANT.

THE PILOT GIVES THE INSTRUCTIONS FOR TAKEOFF

ONCE PREPARED AND WITH THE RUNWAY READY TO TAKE OFF, WAIT FOR THE RUNWAY COORDINATOR'S INDICATION AND PROCEED TO TAKE OFF. ONCE THE TIME HAS ELAPSED, THE PILOT NOTIFIES THE COORDINATOR, AND THE LANDING IS MADE IN THE SAME PLACE

DURATION OF ACTIVITY

WEEKS

52

DAYS

365

HOURS

8



TIMES OF THE YEAR IN WHICH THE EXCERCISE

JANUARY

FEBRUARY

MARCH

APRIL

MAY

MAY

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

➔ **LIMITATIONS AND/OR RESTRICTIONS OF THE ACTIVITY TO PARTICIPANTS SUCH AS: PHYSICAL CONDITION, AGE, HEALTH AND OTHERS**

- **PEOPLE WITH SURGICAL INTERVENTIONS WITH PEOPLE WITH SURGICAL INTERVENTIONS WITH**
- **PREGNANT WOMEN**
- **PEOPLE WHO INTAKE ALCOHOL AND/OR DRUGS**
- **CHILDREN WEIGHING LESS THAN 40 KL AND PEOPLE WITH A MAXIMUM OF 120 KL**

➔ **EXPERIENCE AND TECHNICAL CAPACITY REQUIRED TO PARTICIPANTS**

- **NONE**

➔ **AGE OF PARTICIPANTS**

MINIMA

18

MAXIMA

THERE IS NO MAXIMUM

MINORS MAY PARTICIPATE PRIOR AUTHORIZATION OF YOUR PARENTS OR GUARDIANS



INDICATIONS OF CLOTHING AND PERSONAL EQUIPMENT THAT THE PARTICIPANTS MUST HAVE, INDIVIDUALLY.

- **SPORTS SHOES**
- **WINDBREAK OR JACKET**
- **SPORTSWEAR**



WHAT SHOULD TELL THE GUIDES IN FORM INDICATION OF CLOTHING AND PERSONAL EQUIPMENT WITH INDIVIDUAL

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|---|--|
| • COMFORTABLE OR SPORTS CLOTHING | • SHOES OR LONG PANTS |
| • SPORTS SHOES | • PARACHUTE |
| • WINDBREAK OR JACKET | • OUTDOOR SNEAKERS |
| • SPORTSWEAR | • MEDICAL KIT FOR PERSONAL USE. |
| • VHF RADIO | |
| • BLIPAZA CANDLE | |
| • COMPASS | |
| • PARAGLIDING CHAIR | |
| • PASSENGER CHAIR PILOT AND PASSENGER HELMET | |
| • TREKKING | |



AVAILABILITY OF INSURANCE (MUST INDICATE IF YOU HAVE INSURANCE OR NOT)

- **THERE IS NO TYPE OF INSURANCE**



DETAIL THE SERVICES INCLUDED IN THE ACTIVITY

- **TWO-SEAT PARAGLIDING FLIGHT**
- **PHOTOGRAPHY AND VIDEO SERVICE**



DETAIL THE SERVICES NOT INCLUDED IN THE ACTIVITY

- **TRANSFER**
- **FEEDING**



INDICATION OF THE ACTIONS YOU MUST FOLLOW THE PARTICIPANT FOR THE GOOD EXERCISE DEVELOPMENT OF THE ACTIVITY

- **LISTEN AND FOLLOW THE DIRECTIONS CAREFULLY DELIVERED BY THE INSTRUCTOR/PILOT STAFF**
- **DO NOT COMMIT ANY RISKY MANEUVER**