

RECOGNITION FORM AND ACCEPTATION OF RISK

Acknowledgement and assumption of risk form

1) RISKS INHERENT TO WHITE WATER RAFTING **NAME OF RESERVATION:** _____

The risks inherent to the activity horse-back riding in which I will participate are, in particular, but not limited to:

- Injuries due to falls or other movements, (sprain, strain, fracture, etc.);
- Injuries with blunt or sharp object (branches, material, etc.);
- Food allergy;
- Burns and/or other heat induced injuries.

Initials please _____ **Parents initials (if less than 16 years of age)** _____

2) HEALTH PROFILE

Sex: _____ Age: _____ Allergies? YES / NO If yes, specify: _____

Are you pregnant? YES / NO If yes, how many months? _____

Taking medication? YES / NO If yes, specify medication name(s) and treatment dosage _____

Do you have physical, emotional or behavioural problems that could limit your participation in your chosen activity? Specify (ex. respiratory and/or cardiac problems, diabetes, vision or hearing problems, fear of heights , limitation of movements, etc.)
YES / NO

If yes, specify: _____

Initials please _____ **Parents initials (if less than 16 years of age)** _____

NB: If you have answered YES to any of the questions in section 2, YOU HAVE TO NOTIFY THE GUIDE BEFOREHAND.

Having discussed with a person in charge at Excursions Jacques-Cartier, I have agreed to accept the risk that will propose a possible health factor. Having discussed my medical condition with a person in charge at Excursions Jacques-Cartier , I agree and accept the additional risk that my health condition may be aggravated by participating in the activity.

Initials please _____

3) CONFIRMATION OF INFORMATION AND ACCEPTATION OF RISKS

I hereby certify that the information consigned to this Registration Card is, to the best of my knowledge, exact and accurate. I further certify that no information pertinent or not to my health profile was deliberately omitted. I am aware that the information contained in this Registration Card is confidential and will be used to better plan and supervise the safety of the activities in which I will participate and will allow *Excursions Jacques-Cartier* to draw up a profile of its clientele. I am also aware that the activities offered by *Excursions Jacques-Cartier* takes place in semi-wild or natural environments that, consequently, are quite distant from medical services. This state of affairs could result in long delays during an emergency requiring an evacuation and, as such, a possible aggravation of my state of health or my injury. Having taken cognizance of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I was informed about the risks inherent to the activities and I am able to participate in the activity or the stay **WILLINGLY AND I ACCEPT ANY AND ALL RISKS THAT** such an activity or stay can comprise. I also pledge to play an active role in risk management by adopting a preventive behaviour with regards to my own safety, and the safety of the other persons that surround me. The guide reserves the right to exclude any person he/she deems to be a risk to himself/herself or to the rest of the group. I understand that I may leave the present activity for any reason whatsoever **withouth any refund.**

Name of participant (bloc letters): _____

Signature: _____ **Date:** _____

Parents name (if less that 16 years of age, bloc letters) _____

Parents signature (if less that 16 years of age): _____ **Date:** _____

DISCHARGE OF MATERIAL LIABILITY
MATERIAL LIABILITY WAIVER

I, undersigned, forego to any claim, proceeding in damage or interest for damages to assets and material of my belonging (attrition, loss, breakage, theft, vandalism).

Name (in bloc letters): _____

Signature: _____

Date: _____

AUTHORIZATION IN CASE OF EMERGENCY

Adult

I, undersigned, authorize Excursions Jacques-Cartier to provide all necessary care. I also authorize Excursions Jacques-Cartier to take decision in case of an accident to transport me (by ambulance, helicopter, or other) to a hospital or health care center, and this, at my own expense.

Name (in bloc letters): _____

Signature: _____

Date: _____