

## RECOGNITION FORM AND ACCEPTATION OF RISK

### 1) RISKS INHERENT TO THE ACTIVITY

NAME OF RESERVATION: \_\_\_\_\_

The risks inherent to the activity (Horseback 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 18 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 water / heights / dogs, limitation of movements, etc.) **YES / NO**

If yes, specify: \_\_\_\_\_

Initials please \_\_\_\_\_

Parents initials (if less than 18 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 **Equitation Jacques-Cartier, LE CLUB**, 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 **Equitation Jacques-Cartier, LE CLUB**, 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 *Equitation Jacques-Cartier, LE CLUB*, to draw up a profile of its clientele. I am also aware that the activities offered by *Equitation Jacques-Cartier, LE CLUB*, take 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.

Name of participant (*bloc letters*): \_\_\_\_\_

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

Parents name (if less than 18 years of age, *bloc letters*) \_\_\_\_\_

Parents signature (if less than 18 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 (**Equitation Jacques-Cartier, LE CLUB**) \_\_\_\_\_ to provide all necessary care. I also authorize (**Equitation Jacques-Cartier, LE CLUB**) \_\_\_\_\_ to take decision in case of an accident to transport me (by ambulance, helicopter, coast guard or other) to a hospital or health care center, and this, at my own expense.

Name (in bloc letters): \_\_\_\_\_

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

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