

## RISK ACKNOWLEDGMENT AND DISCLAIMER FORM

ACTIVITY : MARMITES \_\_\_\_\_ GORGE \_\_\_\_\_ GRANDE VIRÉE \_\_\_\_\_ LA CHUTE \_\_\_\_\_ CHEVRONNÉ \_\_\_\_\_

### 1) RISKS INHERENT TO THE ACTIVITY

I acknowledge of being informed of the risks inherent to the activities which are part of **PROJET VERTICAL's** program.

- The risks related to the activity, "Via Ferrata", to which I will participate, include but are not limited to: injuries due to falls or other movements (sprain, fracture, etc.);
- injuries caused by blunt or sharp objects (branches, material, etc.);
- cold or hypothermia;
- injuries resulting from collisions - accidental or otherwise - between people;
- food allergies;
- contact with water or drowning (during an aquatic activity or that which takes place next to a watercourse); and
- burns or troubles caused by heat or over-exposure to the elements.

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

Parents initials (if under 16 years old) \_\_\_\_\_

### 2) HEALTH CONDITION

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Allergy? YES/NO If yes, specify: \_\_\_\_\_

Are you expecting a baby? YES/NO If yes, for how many months? \_\_\_\_\_

Any medication? YES/NO If yes, specify the name of the medication and the dosage: \_\_\_\_\_

Do you suffer from any physical health, emotional or behavioural conditions which could prevent you directly or indirectly in the practice of the activity to which you will participate? **Specify**, e.g. respiratory or heart problems, diabetes, defective vision or hearing, fear of water/heights/dogs, limitations in your movements, etc. YES/NO

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

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

Parents initials (if under 16 years old) \_\_\_\_\_

**NB: If you answered yes to one of the items in section 2, YOU HAVE TO MEET THE GUIDE AND INFORM HIM OR HER. Fill in only if you have answered yes to one of the items in section 2.** After having discussed with an employee of Projet Vertical, I acknowledge the additional risk which could lead to the possible aggravation of my health condition. **Initials please:** \_\_\_\_\_

### 3) CONFIRMATION OF INFORMATION AND ACKNOWLEDGMENT OF RISKS

I testify that the information written down in this form is accurate, and that it is to the best of my knowledge. I testify that I did not omit information intentionally, relevant or not, regarding my health condition. I am aware that the information contained in this form is confidential and is used for the event planning and supervision of the security around the activities to which I will participate, and that it will assist Projet Vertical to have a portrait of its clientele. I am aware that the activities offered by Projet Vertical are taking place in semi-natural or natural environments, possibly in uneven areas, which consequently are distant to medical services. This situation could lead to long delays during an emergency where an evacuation is required; thus, it could lead to an aggravation and/or acceleration of my health condition. The role of the Co McNicoll ltée is limited to the property and the exploitation of other attractions of the Tourist site. Having acknowledged these risks and having taken the time to discuss with an organizer and leader for the activity, I testify that I have been informed of the risks inherent to the activities and that I am able to undertake the activity or the stay **WITH FULL KNOWLEDGE OF THE FACTS AND BY ACCEPTING THE RISKS** that this activity or stay may imply. I commit myself as well to play an active role in managing those risks by adopting a preventive attitude towards myself and towards people around me. The guide has the right to expel any person deemed as a risk for himself or herself or for the rest of the group. I understand that I may be asked to leave the present activity for said reason or **another**.

#### 4) DRUGS AND ALCOHOL

I commit myself to not consume, possess, nor be under the effect of any drugs, illicit substances or medication (on prescription or not) which is not mentioned at point 2) of the present form. I also confirm that I am not currently under the effect of alcohol or that my alcohol level is inferior to the 80 mg per 100 ml blood limit, commonly named "point zero eight", and that my condition will remain the same during the whole activity. I am aware that any breach of these rules on my part could lead to an immediate expulsion and without any reimbursement option.

Name of the participant (*block letters*): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

I accept to receive advertising or special offers: Yes  No

I authorize and accept, without any financial compensation, the taking of photographs and video recordings for advertising or promotional purposes. Yes  No

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

Contact in case of emergency: \_\_\_\_\_ Relationship to the Participant: \_\_\_\_\_

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

Name of a parent (*if under 16 years old, block letters*): \_\_\_\_\_

Signature of a parent (*if under 16 years old*): \_\_\_\_\_ Date: \_\_\_\_\_

#### **MATERIAL DISCLAIMER**

***I, the undersigned, renounce hereby to any complaint and legal action for damages caused to goods and material I own (normal use, loss, breaking, theft, vandalism).***

Name (block letters): \_\_\_\_\_

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

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

#### **AUTHORIZATION TO INTERVENE IN CASE OF AN EMERGENCY**

##### **Adult**

I, the undersigned, authorize **Projet Vertical** to give me all the medical care required. I also authorize **Projet Vertical** to make the decision, in case of an accident, to transport me (by ambulance, helicopter, coast guard or other means) to a hospital or a local medical centre, and that said transportation is entirely at my expense, if the need arises.

Name (block letters): \_\_\_\_\_

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

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

**NO REIMBURSEMENT WILL BE DONE ONCE YOU START THE ACTIVITY.**