



255, route Principale
 Val-des-Monts (Québec) J8N 4B7
 819 457-4033 / 1 877 457-4033
 www.aventurelafleche.ca

Participation agreement

between AVENTURE LAFLÈCHE and the participant

DATE : _____

DISCHARGE FROM RESPONSABILITIES, RENUNCIATION TO THE COMPLAINTS, ACCEPTANCE OF THE RISKS AND CONVENTION OF COMPENSATION. WHILE SIGNING THIS DOCUMENT YOU RENOUNCE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO FILE JUDICIAL PURSUITS.

Please print
 your initials

PARTICIPANT IN THE AVENTURE LAFLÈCHE AERIAL PARK

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	
ADDRESS	
<input type="text"/>	<input type="text"/>
CITY	APPARTMENT
<input type="text"/>	<input type="text"/>
AREA CODE	PROVINCE
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	POSTAL CODE
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	
<input type="text"/>	<input type="text"/>
AREA CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	
<input type="text"/>	<input type="text"/>
AREA CODE	TELEPHONE NUMBER

CONTACT IN CASE OF EMERGENCY

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	
ADDRESS	
<input type="text"/>	<input type="text"/>
CITY	APPARTMENT
<input type="text"/>	<input type="text"/>
AREA CODE	PROVINCE
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	POSTAL CODE
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	
<input type="text"/>	<input type="text"/>
AREA CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>
DATE OF BIRTH	
<input type="text"/>	<input type="text"/>
AREA CODE	TELEPHONE NUMBER

MEDICAL QUESTIONNAIRE

	YES	NO
Do you suffer from heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your heart or chest?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have arthritis, other bone, or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take prescribed medication to control your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medication? SPECIFY:	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any allergies? SPECIFY:	<input type="checkbox"/>	<input type="checkbox"/>

DO you or HAVE you ever suffered from :

	YES	NO
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric problems?	<input type="checkbox"/>	<input type="checkbox"/>
Serious allergies? SPECIFY:	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had surgery in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
SPECIFY:		
Is there any medical condition not mentioned here that you are aware of that we should know about to ensure that we provide you the best possible first aid should the need arise?	<input type="checkbox"/>	<input type="checkbox"/>
SPECIFY:		
I HEREBY certify that the information consigned to this participation agreement is, to the best of my knowledge, exact and accurate and that I did not deliberately omit any pertinent information.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of participant

Signature of parent / guardian
 If less than 16 years of age

Signature of an employee
 of the aerial park

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PLEASE PRINT
YOUR INITIALS

Please, read carefully and initial each statement:

Considering that the participant is requesting to participate in the following Aventure Lafleche activities:

Aerial adventure courses, zip lines, via ferrata and other site activities.

THE UNDERSIGNED PARTICIPANT DECLARES THE FOLLOWING:

1.	I AM THE ONE and only that may judge if my skills are sufficient to participate to this activity. I AM AWARE that the activity in which I am about to participate is dangerous and the possibility of injury, loss, trauma or death exists . Risks include, but are not limited to, a fall or other movement (sprain, fracture, etc.); injury due to a blunt or sharp object (branches, equipment, etc.); cold, hypothermia; injury resulting from accidental contact or other contact between individuals or any form of wildlife; water contact or drowning; burn or heat induced injuries, food allergies.	<input type="text"/>
2.	I WILL follow and comply with each and all instructions given by Aventure Lafleche guides, instructors, or any employees of Aventure Lafleche. I WILL at all times properly wear and use safety equipment provided by Aventure Lafleche. I WILL participate in risk management by adopting a preventative behavior with regards to my own safety, and the safety of the other persons that surround me.	<input type="text"/>
3.	I AM AWARE that the activities offered by Aventure Lafleche take place in natural surroundings that are quite a distance from medical facilities and this might result in long delays during an emergency requiring an evacuation. I GRANT Aventure Lafleche staff the right to perform the necessary first aid, if need be.	<input type="text"/>
4.	I ACCEPT responsibility for any expenses incurred on my behalf or as a result of my actions.	<input type="text"/>
5.	I AM IN GOOD PHYSICAL AND MENTAL HEALTH . I have no handicap that may imply a danger inherent to participation and I accept to participate on my own free will. I DECLARE that I am not under the influence of drugs or alcohol and I will not consume them during the activity.	<input type="text"/>
6.	The aerial park staff reserve the right to exclude any person he/she deems a risk for him/herself or the rest of the group . I understand that I may leave the activity for any reason whatsoever without reimbursement.	<input type="text"/>
7.	I GRANT Aventure Lafleche the right to use for sale/publicity any photographs or video in which I appear. I renounce all my rights regarding usage of them and I will not receive a monetary compensation.	<input type="text"/>

I acknowledge having read, understood, completed the document and accept the risks inherent in the participation of these activities.

Please, recopy the above statement by hand.

How did you hear about us? Check the appropriate box.

- I visited the site before
- Friend / Family
- Brochure
- Our website
- Newspaper Which one? _____
- Magazine Which one? _____
- Radio / Television Which one? _____
- Other Please, specify : _____

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of the aerial park