

PARTICIPATION AGREEMENT

Between Aventure Lafèche and the participant



Information on the participant

It is understood that the participant, mentioned below, wishes to take part in one or more of the following activities at Aventure Lafèche: aerial park, ziplines and/or via ferrata, hiking or caving.

Last name	<input type="text"/>	First name	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	Province	<input type="text"/>	Postal code	<input type="text"/>
Telephone # in case of emergency	<input type="text"/>			Date of birth	<input type="text"/>

Please confirm that you have read and agreed to all the follow articles by **initialling the boxes to the right**.

If the participant is younger than 16, a parent or tutor will have to initial instead.

The undersigned participant declares that :		Initials
1	I am aware of the danger of the activity and that it may cause injuries, loss, trauma or death. These risks include but are not limited to: injury due to falling or other movements (sprains, fractures, etc.), injury due to sharp objects (branches, equipment), contact with water or drowning, heat exhaustion, burns, allergic reactions, cold and hypothermia.	
2	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 of my own free will.	
3	I have consulted a member of the personnel and have disclosed any physical or psychological conditions that may limit me during this activity. These conditions include but are not limited to: asthma, epilepsy, heart trouble, mobility limitations, deafness, vision problems, haemophilia, allergies, dizzy or fainting spells, arthritis and psychiatric problems. After this consultation, I accept any and all additional risks that could potentially aggravate my present health condition.	
4	I am aware that the activities offered by Aventure Lafèche occur in a natural environment. I am aware that Aventure Lafèche is distant from medical services. This situation could entail delays in the event of an emergency that may require evacuation and consequently, could potentially aggravate my injuries. I authorize the personnel of Aventure Lafèche to perform first aid if necessary. Furthermore, if necessary, I authorise Aventure Lafèche to arrange for transport by ambulance to the nearest hospital or other medical establishment at my expense.	
5	I am aware that wearing a climbing harness, which is mandatory for the aerial park, is not advised for pregnant women.	
6	I will follow and comply with all instructions given by Aventure Lafèche, its guides, instructors or any other of its employees. I will at all times wear and use the safety equipment provided by Aventure Lafèche properly. I will actively participate in risk management by adopting a preventive behaviour with regards to my own safety and the safety of all other people around me.	
7	I am aware that the guides reserve the right to exclude any person that he or she deems a risk to his or herself or the rest of the group. I understand that it is possible that I may be asked to leave the activity for any reason whatsoever WITHOUT REIMBURSEMENT. Furthermore, I aware that any drug or alcohol use before or during this activity is strictly forbidden and that I may be expelled from this activity if I am thought to be intoxicated.	
8	I will personally cover all expenses or fees caused by my actions. Furthermore, I renounce all legal recourse in case of damage to my personal belongings (wear, loss, theft, breakage, vandalism, etc.).	

CONFIRMATION OF INFORMATION AND ACCEPTANCE OF RISKS

I confirm that the information provided is accurate to the best of my knowledge. I certify that I have not deliberately withheld information that is pertinent to my health. I understand that the information provided is confidential and is aimed at better planning and organizing safety around the activities for which I will be participating and will allow Aventure Lafèche to address the needs of its clients.

Date

Signature of the participant or of a parent or guardian
if the participant is less than 16 years of age

How did you hear about us? :

Z:\100 - Administration\01 - Formulaire\04 - Service à la clientèle\07- Convention de participation

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