



255, route Principale – 307 Nord Val-des-Monts (Québec), J8N 4B7 (819) 457-4033 / 1-877-457-4033 www.aventurelafleche.ca

Registration form

Name of group: _____ Course # _____ Date: _____
Time of departure: _____

PARTICIPANT IN THE LAFLECHE ADVENTURE AERIAL PARK:

First name: _____ Last name: _____
Address: _____ City: _____
Postal code: _____ Telephone: (_____) _____ - _____
E-mail : _____

HARNAIS :

GANTS :

Remis par :

Risks Inherent to the Activity

The risks associated with the activity of the AERIAL PARK in which I will be participating are, in particular but not limited to: injury due to a fall or other movement, (sprain, fracture, etc.); injury due to a blunt or sharp object (branches, equipment, etc.); cold or hypothermia; injury resulting from accidental contact or other contact between individuals; food allergy; water contact or drowning when; burn or heat-induced injuries.

HEALTH PROFILE:

Do you have any articulation problems :

Shoulder		Neck	
Elbow		Hip	
Arm		Knee	
Wrist		Ankle	
Finger		Foot	
Hand		Toe	
Other :			
Specification :			

Sex : _____ Age : _____

Allergies ? YES / NO If yes, specify:

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

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

Do you have physical, emotional or behavioural problems that could limit your participation in the Aerial Park? (Ex. Respiratory and/or cardiac problems, diabetes, vision or hearing problems, fear of water, heights, dogs, limitation of movement, etc.) YES \ NO
If yes, specify: _____

NB: If you have answered YES to any of these questions in the HEALTH PROFILE, YOU MUST NOTIFY THE GUIDE BEFORE HAND. Having discussed my medical condition with a person in charge at Lafleche Adventure, I agree and accept the additional risk that my health condition may be aggravated by participating in the activity. **Initials please** _____

Confirmation of Information and Acceptance of Risks Involved

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 offered by AVENTURE LAFLECHE to draw up a profile of its clientele. . I am interested ___ I am not interested ___ (check appropriate statement) in receiving additional or promotional documentation from AVENTURE LAFLECHE in the future. I am aware that the activities offered by AVENTURE LAFLECHE take place in semi-natural or natural surroundings that, consequently, are quite distant from medical facilities. 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 the cognizance of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I have been informed of the risks inherent to the activities and I am able to participate in the activity **WILLINGLY AND I ACCEPT ANY AND ALL RISKS THAT** such an activity can comprise. I also pledge to play an active role in risk management by adopting a preventative behaviour with regards to my own safety, and the safety of the other persons that surround me. The operator reserves the right to exclude any person he/she deems to be a risk for him/herself or to the rest of the group. I understand that I may leave the present activity for any reason whatsoever without reimbursement.

Name of participant (bloc letters) : _____ Signature: _____

Parent's name (if less than 16 years of age, bloc letters): _____ Signature: _____

Date : _____

CONTACT IN CASE OF EMERGENCY:

Name (in bloc letters) : _____

Telephone number : _____

PAYMENT : _____