

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK:

Family Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

Email: _____ @ _____

How did you hear about us? _____

1) RISKS INHERENT TO RAFTING &/OR JET BOATING WITH LES EXCURSIONS RAPIDES DE LACHINE INC.

The risks inherent to the Rafting and/or Jet Boating are in particular, but not limited to:

- Injuries due to falls or other movements, (sprain, strain, fracture, etc.);
 - Injuries with blunt or sharp objects (branches, material, paddles, etc.), or contact between individuals
 - Contact with water or drowning, cold or hypothermia
 - I am particularly aware that I could be ejected from the boat and that I could fall overboard at any point on the river
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2) HEALTH PROFILE

I understand and agree that if I have allergies, am pregnant, taking medication or have physical, emotional or or behavioural problems that could limit my participation in my chosen activity (ex. respiratory and/or cardiac problems, vision problems, fear of water, limitation of movements, etc.) ... **I AGREE TO NOTIFY THE GUIDE BEFOREHAND.** Having discussed my medical condition with a person in charge at Les Excursions Rapides de Lachine Inc., I, undersigned, agree and accept the additional risk that my health condition may be aggravated by participating in the activity.

3) CONFIRMATION OF INFORMATION AND ASSUMPTION OF RISKS

I, undersigned, 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 **WILLINGLY AND I ACCEPT ANY AND ALL RISKS THAT** such an activity comprises. I agree to follow all directions and instructions provided by Les Excursions Rapides de Lachine Inc., it's guides, monitors and other employees. 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.

4) 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).

5) AUTHORIZATION IN CASE OF EMERGENCY

I, undersigned, authorize Les Excursions Rapides de Lachine to provide all necessary care. I also authorize Les Excursions Rapides de Lachine Inc. to take decision in case of an accident to transport me to a hospital or health care center, and this, at my own expense.

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

Date: _____

Parents name, (bloc letters) _____ **Parents signature** _____ **Date:** _____
(if less than 16 years of age)