

RISK ACKNOWLEDGEMENT AND ACCEPTANCE FORM

1- Risks inherent to canoeing and kayaking

We acknowledge that we have been informed about risks inherent to canoeing and kayaking. The risks associated with the activity we are about to engage in are, in a general but none restrictive way:

- injuries due to falls or other movements (sprain, fracture, etc.);
- injuries caused by blunt or sharp objects (branches, equipment, etc.);
- cold or hypothermia;
- injuries caused by accidental or non accidental contact between individuals;
- allergies;
- contact with water, or drowning;
- burns or troubles caused by heat.



Initials _____ Initials of a parent (if 16 years old or younger) _____

2- Health

Gender: M - F

Age: _____

Allergies? YES - NO

If yes, specify: _____

Pregnant women? YES - NO

If yes, for how long? _____ months

Medication? YES - NO

If yes, which one(s)? _____

Do you have any physical, emotional or behavioral problems that could, directly or not, restrict you while canoeing or kayaking? For example: Respiratory problems, cardiac or visual disorders, diabetes, deafness, fear of water, movement limitations, etc.

YES NO

IF YOU ANSWERED "YES" AT LEAST ONCE IN SECTION 2: After talking with someone in charge of **Au Canot Volant**, I accept the additional risk that could further endanger my health. Initials _____

3- Information and risk acceptance confirmation

I declare that the information written in this form is accurate, to the best of my knowledge. I did not intentionally omit any information, relevant or not, regarding my health. I am aware that the information provided in this form is confidential and that it helps planning and supervising the security surrounding the activities I am about to take part of. With this information, **Au Canot Volant** can establish its clientele's profile. I am aware that the activities offered by **Au Canot Volant** take place in natural or semi-natural terrains that could be uneven and that are far from medical facilities. This could result in longer waiting times in case of an emergency that requires an evacuation, which could worsen my health or my injury. Now that I know the risks and that I had a chance to talk about them with someone in charge, I declare that I have been informed about the risks inherent to these activities. I can begin the activity or the trip KNOWINGLY, WHILE FULLY ACCEPTING THE RISKS that could be associated with it. I also commit to actively dealing with those risks by adopting a preventive attitude towards myself and other people. **Au Canot Volant** has the right to exclude anyone who would pose a danger to herself (himself) or to the rest of the group. I understand I can leave this activity for any reason.

4- Material liability discharge and authorization to intervene in case of emergency

I, undersigned, hereby abandon any complaint or suit for damages related to any wear of my goods and equipment (normal wear, loss, breaking, theft, vandalism).

I also authorize **Au Canot Volant** to decide, in case of an accident, to send me (by ambulance, helicopter, coast guard or by any other way) to a hospital or to a community health centre, and all this will be to my own expense.

Name of the participant (and of her (his) children) (print please): _____

Signature: _____ Date: _____

Emergency contact person: _____ Tel.: _____

I also authorize Au Canot Volant to use any pictures taken during the activity to promote the company, the activity itself and the region, without any remuneration.

YES NO

To receive our Newsletter, please write your e-mail: _____