Acknoledgment and assumption of risk

First name and family name of the participant_____

Gender identity_____ age_____ Weight _____ lbs ou kg (encercler)

Adress : _____City_____ postal code_____

Telephone : _____ Email : _____

Personne à contacter en cas d'urgence :

Nom : _____lien_____ Tél._____

1) Acknowledgement of risks inherent to the activity
I acknowledge that the XPXP trip activities involve risks. The risks of the activity in which I will be participating include, but are not limited to: injuries due to falls or other movements (sprains, strains, fractures, etc.), injuries with blunt or sharp objects (branches, equipment, etc.), cold or hypothermia, injuries resulting from accidental or unintentional contact between individuals, food allergies, contact with water or drowning (during aquatic activities or near water) and burns or heat disorders.

I undertake to play an active role in managing these risks by adopting a preventive attitude towards myself and others around me. I am aware that I must follow the guide's instructions to reduce risks. The guide reserves the right to exclude any person he/she considers to be a risk to him/herself or to the rest of the group. I understand that I may leave this activity for any reason, subject to certain logistical delays.

I am aware that the activities offered by XPXP take place in potentially rugged natural environments which, consequently, are further away from medical services. This could lead to long delays in the event of an emergency requiring evacuation, and consequently to a possible worsening of my condition or injury. I declare that I know and understand the nature and extent of these dangers and risks, and that I freely and voluntarily accept them. I assume all risks associated with the activities in which I will participate with the XPXP team. I further agree to release and hold harmless the XPXP team from any liability or claim arising from my participation in these activities.

Please initial (parent's initials if under 14) _____

2) HEALTH PROFILE

Taking medication? ? YES/ NO

If yes, specify medication name(s) and treatment dosage: _____

Allergies ? YES/ NO **If yes, please specify :** _____

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

Do you have physical, emotional or behavioural problems that could limit your participation in your chosen activity? Specify (ex. respiratory and/or cardiac problems, diabetes, vision or hearing problems, fear of water / heights / dogs, limitation of movements, etc.). YES/ **NO** **If yes, specify:**

_____

NB: If you answered yes to any of the items in section 2, you must speak with the XPXP guide and inform him/her of your decision. In which case I accept the additional risk that may result in a possible worsening of my health.

Initials please (Parents initials if less than 14 years of age) _____

I am aware that XPXP's activities require good mental, psychological and physical health, and I declare that I am physically fit to take part in these activities.

I am also aware that the physical exertions involved in adventure tourism, as well as the demands placed on the body, may activate or aggravate pre-existing physical injuries, conditions or congenital anomalies.

I acknowledge that I should seek expert advice if I know or suspect that my physical condition may be incompatible with adventure tourism activities.
Please initial (Parent's initials if under 14) _____

3)Wearing the right equipment

I understand that I must wear the protective clothing and **safety** equipment provided when participating in XPXP adventure activities.

Please initial (or parent's initials if under 14) _____

4)Drugs and alcool

I undertake not to consume during the day, and not to possess or be under the influence of any drugs, illicit substances or medication (prescription or otherwise) not mentioned in point 2) of this form. I also confirm that at the campsite in the evening, I will remain under the blood alcohol limit of 80 mg per 100 ml of blood (commonly known as "point zero eight") for the entire duration of the trip. I am aware that any breach of these rules on my part may result in my expulsion without notice, and without the possibility of reimbursement.
Please initial (Parent's initials if under 14) _____

5) **Release of material responsibility**

I hereby waive any and all claims, as well as any and all suits for damages, for any and all damage to my property and equipment (normal wear and tear, loss, breakage, theft, vandalism). (normal wear and tear, loss, breakage, theft, vandalism.)
Please initial (parent's initials if under 14) _____

6) Emergency authorization

I authorize the XPXP. team to provide any necessary first aid. I also authorize the company to make the decision, in the event of an accident, to transport me (by ambulance, helicopter, coast guard or otherwise) to a hospital or community health facility, all, if necessary, at my own expense.
Please initial (or parent's initials if under 14) _____

7)Accuracy of information

I certify that the information given on this form is correct to the best of my knowledge. I certify that I have not deliberately omitted any information concerning my state of health, whether relevant or not. I am aware that the information contained in this form is confidential and is intended to better plan and supervise the safety of the activities in which I will be participating, and that it will enable the company to draw up a profile of its clientele.

Signature: _____
Signed at : _____ Date : _____

Signed by :_____ parent or guardian if under 14):_____

8)Use of my image during the activity I give the XPXP team and its representatives permission to use, in a lawful manner and for any purpose whatsoever, any photographs, videos or other reports of my participation in the activities offered by the XPXP team. **(or given by my parents if under 14)**.
Yes _____ No _____