

**RISK ACKNOWLEDGEMENT AND ACCEPTANCE FORM**

**PARTICIPANT INFORMATION**

Participant's name (print): \_\_\_\_\_ Date of birth (YYYY-MM-DD): \_\_\_\_\_

If under 14 years old, Parent's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**RISKS INHERENT TO THE ACTIVITY**

I, the undersigned, acknowledge that I have been informed of the inherent risks associated with the Albanel-Mistassini-and-Waconichi Wildlife Sanctuary and the activities taking place there. The risks associated with the activity I will participate in include, but are not limited to: injuries caused by falls or other movements (sprains, strains, fractures, etc.); injuries from blunt or sharp objects (branches, equipment, etc.); cold or hypothermia; injuries resulting from accidental or non-accidental contact between individuals, vehicles, and/or animals; allergic reactions; contact with water or drowning (during aquatic activities or near bodies of water); burns or heat-related issues. Initials: \_\_\_\_\_ Parent's initials (if under 14 years old): \_\_\_\_\_

**HEALTH CONDITION**

Allergies? YES / NO If yes, specify: \_\_\_\_\_ Are you pregnant? YES / NO If yes, how many months? \_\_\_\_\_

Do you take medication? YES / NO If yes, specify: \_\_\_\_\_

Do you have any physical, emotional, or behavioral health conditions that directly or indirectly limit your ability to participate in the activity? YES / NO If yes, specify: \_\_\_\_\_

**RISK ACCEPTANCE**

I certify that the information provided in this form is accurate to the best of my knowledge. I confirm that I have not deliberately omitted any pertinent information about my health condition. I understand that the information contained in this form is confidential and is intended to better plan and ensure the safety of the activities I will participate in, while also allowing Corporation Nibiischii to profile its clientele. I am aware that the activities offered by Corporation Nibiischii take place in semi-natural or natural environments that are potentially rugged and, consequently, farther from medical services. This situation may result in long delays during an emergency requiring evacuation and, as a result, possible worsening of my condition or injury. Additionally, cellular coverage is almost non-existent, making communication slower or less effective. I acknowledge that I have been informed of the risks inherent to the activities and confirm that I am capable of undertaking the activity or stay FULLY AWARE OF AND ACCEPTING THE RISKS that this activity or stay may entail. I also commit to playing an active role in managing these risks by adopting a preventive attitude toward myself and those around me. Initials: \_\_\_\_\_ Parent's initials: \_\_\_\_\_

**DRUGS AND ALCOHOL**

I agree not to consume, possess, or be under the influence of drugs, illegal substances, or medications (whether prescribed or not) that are not mentioned in this form during any activity or equipment rental. I also confirm that I am not under the influence of alcohol and will remain below the legal blood alcohol limit of 80 mg per 100 ml of blood (commonly referred to as "point zero eight") for the entire duration of the activity or equipment rental. In the case of non-compliance with these rules, I understand that I may be expelled without notice and without refund. During my stay in accommodations or at campsites, I agree to respect the tranquility and safety of other visitors. Any inappropriate or dangerous behavior may result in expulsion without a refund. Initials: \_\_\_\_\_ Parent's initials: \_\_\_\_\_

**MATERIAL LIABILITY WAIVER**

I, the undersigned, hereby waive all claims and lawsuits for damages to my personal property and equipment (normal wear and tear, loss, breakage, theft, vandalism). Initials: \_\_\_\_\_ Parent's initials: \_\_\_\_\_

**AUTHORIZATION TO INTERVENE IN CASE OF EMERGENCY**

I, the undersigned, authorize Corporation Nibiischii to provide any necessary first aid. I also authorize Corporation Nibiischii to make the decision to transport me (by ambulance, helicopter, coast guard, or otherwise) to a hospital or community health facility in case of an accident, all at my own expense, if applicable. Initials: \_\_\_\_\_ Parent's initials: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE (YYYY-MM-DD):** \_\_\_\_\_