ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS FORM (GROUP)

GROUP LEADER INFORMATION

Name of 1st Group Leader (print): ________________________________ Date of Birth (YYYY-MM-DD): ___________
Name of 2nd Group Leader (print): ________________________________ Date of Birth (YYYY-MM-DD): ___________
Organization / Group Name (if applicable): ____

ACKNOWLEDGEMENT OF RISKS AND COMMITMENTS

This section applies to all participants listed below.

Inherent Risks: I acknowledge that I have been informed of the risks inherent to the territory of the Albanel-Mistassini-and-Waconichi Lakes Wildlife Reserve: injuries (falls, sharp objects), hypothermia, wildlife encounters, drowning, burns, and remoteness from emergency services. **Acceptance**: I am aware that the natural environment may aggravate an injury due to evacuation delays and the lack of cellular coverage. I accept these risks with full knowledge of the facts. **Drugs and Alcohol**: I pledge not to be under the influence of drugs or undeclared medications. I will respect the legal blood alcohol limit (0.08) during activities. Any breach may result in expulsion without refund. **Property Waiver**: I hereby waive any claim for damage, loss, or theft of my personal property. **Emergency**: I authorize Corporation Nibiischii to provide all necessary first aid. I also authorize them to organize emergency transportation (ambulance, helicopter, etc.) at my own expense if required.

LIST OF PARTICIPANTS

PARTICIPANT NAME	DATE OF BIRTH (YYYY-MM-DD)	PARTICIPANT NAME	DATE OF BIRTH (YYYY-MM-DD)

EMERGENCY CONTACT INFORMATION

Emergency contact name : ____
Phone number : ________________________________ Relationship: : __________________________________

GROUP LEADER DECLARATION

I, the undersigned ___________________________ (1st Group Leader), certify that I have informed all group members of the risks mentioned above and verified that each participant (or legal guardian) has read this document before signing.

Group Leader Signature: __________________________ Date: _________________

I, the undersigned ___________________________ (2nd Group Leader), certify that I have informed all group members of the risks mentioned above and verified that each participant (or legal guardian) has read this document before signing.

Group Leader Signature: __________________________ Date: _________________