RISK ACKNOWLEDGMENT AND ACCEPTANCE FORM

INHERENT RISKS OF THE ACTIVITY

I acknowledge being informed of the risks inherent to the territory and the activities that take place there. The risks of the activity I will participate in are, in particular, but 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 non-accidental contact between individuals;
- Food allergies;

- Contact with water or drowning (during aquatic activities or near a watercourse);
- Burns or heat-related disorders.

Initials: Initials of a parent (if under 14 years old):
PARTICIPANT INFORMATION
Participant's Name (in block letters):
Date of Birth (YYYY-MM-DD):
If under 14 years old:
Parent's Name (in block letters):
Parent's Signature:
HEALTH STATUS
Sex: Allergy? <u>YES / NO</u> If yes, specify:
Are you pregnant? YES / NO If yes, for how many months:
Taking medication? YES / NO If yes, specify the name(s) of the medication(s) and dosage
Do you have any physical, emotional, or behavioral health issues that directly or indirectly limit you participation in the activity? Specify, e.g., respiratory issues, heart problems, diabetes, vision of hearing impairment, fear of water/height/dogs, mobility limitations, etc. <u>YES / NO</u>
If yes, specify:
EMERGENCY CONTACT
Name: Phone:
Relation:







CONFIRMATION OF INFORMATION AND ACCEPTANCE OF RISKS

I attest that the information provided in this form is accurate, to the best of my knowledge. I certify that I have not deliberately omitted any relevant health information. I understand that the information contained in this form is confidential and aims to better plan and ensure the safety of the activities I will participate in, and will enable Corporation Nibiischii to profile its clients. I am aware that the activities offered by Corporation Nibiischii take place in semi-natural or natural environments that may be rugged and, consequently, more distant from medical services. This situation could lead to long delays in an emergency requiring evacuation, and potentially worsen my condition or injury. Also, cell coverage is almost non-existent, making communication slower or less effective. I acknowledge being informed about the inherent risks of the activities and am able to undertake the activity or stay with FULL KNOWLEDGE OF THE RISKS involved. I also commit to playing an active role in managing these risks by adopting a preventive attitude towards myself and others.

Initials:	Initials of a parent (if under 14 years old):
DRUGS AND A	LCOHOL
influence of dru are not mention remain below th "point zero eight	ig any activity or equipment rental, to not consume, possess, or be under the gs, illicit substances, or medication (whether prescription or non-prescription) that ed in this form. I also confirm that I am not under the influence of alcohol and will be legal blood alcohol limit of 80 mg per 100 ml of blood, commonly referred to as to," for the entire duration of the activity or equipment rental. In the event of failure to se rules, I understand that this may result in my expulsion without prior notice and the refund.
	uration of the stay in lodging and camping, I commit to respecting the peace and visitors. Any inappropriate or dangerous behavior toward others may result in at refund.
Initials:	Initials of a parent (if under 14 years old):
MATERIAL LIA	BILITY WAIVER
_	ed, hereby waive any claims and any lawsuits for damages to my personal property normal wear, loss, breakage, theft, vandalism).
Initials:	Initials of a parent (if under 14 years old):
EMERGENCY I	MEDICAL AUTHORIZATION
Corporation Nib	ed, authorize Corporation Nibiischii to provide all necessary first aid. I also authorize iischii to decide, in case of an accident, to transport me (by ambulance, helicopter otherwise) to a hospital or community health facility, if necessary, at my own
Initials:	Initials of a parent (if under 14 years old):
Initials:	Initials of a parent (if under 14 years old):





