

## RISK ACKNOWLEDGEMENT AND ACCEPTANCE FORM

### Activities risk

I, \_\_\_\_\_),  
domiciled at ( \_\_\_\_\_), declare that I have been fully informed of the dangers and risks inherent in the territory and the activities that take place there, the physical and technical requirements of the activities, the extremely variable environmental conditions (temperature, physical conditions of the terrain, conditions of roads and access routes) and the human factors that may be present during my stay (site traffic, on-site support staff, cross-use of the territory) by the Nibiischii Corporation or an employee of the Assinica and Albanel-Mistassini-et-Waconichi Lakes wildlife reserves. According to the description of the territory and activities, and according to my knowledge and abilities that I believe I possess, I declare myself fit to visit the territory and participate in the planned activities in a safe manner. However, if during my stay I have the slightest doubt that my physical condition and/or my physical and/or mental health are no longer commensurate with the prevailing activities or conditions, or that these are aggravated by my participation, or that the safety of my person and/or the individuals in my group and/or my material possessions is threatened, I will cease the activity and immediately notify the employee in charge of the site or a designated support staff member.

I understand that there are risks inherent in the territory and the proposed activities, and even though every measure is taken to ensure that the territory, sites, equipment, and infrastructures are safe, I am not immune to dangers. As such, here are some of the risks associated with my visit: suffering viral or bacterial illnesses caused by contaminated water and/or food, unclean utensils and tools; being bitten by insects or wild animals; suffering health complications such as heart attacks, appendicitis or allergies; suffering serious injuries and even death from falls on sharp objects or down walls; being trapped in a forest fire zone or experiencing a rapid rise in water levels; colliding with a vehicle, person, rock or tree; be struck by lightning or a falling tree; be attacked by wild animals; be injured by broken or misused equipment; be trapped in a boat or other craft; suffer from shock, hyperventilation, burns, frostbite, hypothermia or hyperthermia; suffer carbon monoxide poisoning; or sustain injuries during transportation, while handling tools, while lifting heavy loads, as a result of altercations between individuals; get lost or get lost on the territory; drowning; etc.

It's important to remember that the territory is far from medical services, and that rescue and evacuation of an injured person can sometimes take several hours or even days. Also, cell phone coverage is almost non-existent, so communications may be slower or less effective. For my own safety and that of others, I hereby agree to abide by the standards, procedures and safety instructions established by the Nibiischii Corporation. I am aware that my decision is a conscious one, and I accept and assume all the risks associated with the territory and the planned activities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Release of material liability

I, the undersigned, hereby waive all claims for damages and interest for all damage to my property and equipment (normal wear and tear, loss, breakage, theft, vandalism).

**Signature:** \_\_\_\_\_

## Authorization to intervene in case of emergency

I, the undersigned, hereby authorize the Nibiischii Corporation to render all necessary first aid. I also authorize the Nibiischii Corporation 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.

**Initial :** \_\_\_\_\_

## Emergency contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**It is also my duty to report any situation or behavior that I believe to be risky to the site managers and/or individuals in my group.**

**P.S. Do not sign this sheet if you do not fully understand this text!**

Names of all family members

Signatures of all persons over 14 years of age

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**Date:** \_\_\_\_\_