

# PARTICIPATION AGREEMENT

This agreement must be signed (with no alterations) by each participant involve in Les excursions Rapides de Lachine Inc activities. The consent must be signed in advance by Parent or Legal Guardian of participants under 18 years of age and presented to Les Excursions Rapides de Lachine inc. upon checking-in.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/apt.#: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal /zip code: \_\_\_\_\_ Email: \_\_\_\_\_

## **1) Risks inherent to Rafting, Jet Boating and/or River Boarding with Les Excursions Rapides de Lachine Inc.**

The risks inherent to the Rafting, Jet Boating and/or River Boarding are in particular, but not limited to:

- Injuries dues to falls or other movements (sprain, strain, fracture, etc.)
- Injuries with blunt or sharp objects (branches, material, paddles, etc.), or contact between individuals
- Contact with water, cold, hypothermia or drowning
- Heat stroke, sunburn
- I am aware that I could be ejected from the boat and I could fall overboard at any point on the river
- Bumping and jolting of the boat

## **2) Health profile**

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: yes/no If yes, specify: \_\_\_\_\_

Are you pregnant? yes/no If yes, for how long? : \_\_\_\_\_ Taking medication on a regular basis? yes/no

If yes, specify the name of the medication and the dosage: \_\_\_\_\_

Do you have any, physical, emotional or behavior problems that could limit your participation into your chosen activity? Specify. Ex.

Respiratory or cardiac problems, diabetes, vision problem, deafness, fear of water, movement restrictions, etc.? yes/no

If yes, specify: \_\_\_\_\_

**It is strictly forbidden to consume drugs or alcohol prior to any Les Excursion Rapides de Lachine activities.** If you answered yes to any items of the section 2, **YOU MUST MEET THE GUIDE AND NOTIFY HIM BEFOREHAND.** The excursions proposed at Les Excursions Rapides de Lachine Inc. are not recommended to people having medical conditions involving neck, back, heart or to pregnant woman. Having discussed my medical condition with a person in charge at Les Excursions Rapides de Lachine Inc., I, undersigned, agree and accept the additional risk that my health condition may be aggravated by participating in the activity. Initials please:

## **3) Confirmation of information and assumption of risks**

I, undersigned, having taken cognizance of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I was informed about the risks inherent to the activities and I am able to participate in the activity WILLINGLY AND I ACCEPT ANY AND ALL RISKS that such an activity comprises. I agree to follow all directions and instructions provided by Les Excursions Rapides de Lachine, its guides, monitors and other employees. I also pledge to play an active role in the risk management by adopting a preventive behavior with regards to my own safety, and the safety of the other persons that surround me.

## **4) Material liability waiver**

I, undersigned, forego to any claim, proceeding in damage or interest for damages to assets and material of my belonging (attrition, loss, breakage, theft, vandalism).

## **5) Authorization in case of emergency**

I, undersigned, authorize Les Excursions Rapides de Lachine to provide all necessary care. I also authorize Les Excursions Rapides de Lachine Inc. to take decision in case of an accident to transport me to a hospital or health care center, and this, at my own expense.

**6) I, the Undersigned, on behalf of myself, my heirs, executors, administrators and assigns, in consideration of Les Excursions Rapides de Lachine Inc. carrying on business as Rafting Montreal (the "Company"), permitting me to participate in its activity, do hereby RELEASE and forever DISCHARGE the Company, its agents, servants and employees, successors and assigns, from all manner of actions, causes of action, suits, debts, contracts, claims and demands whatsoever, which I now have, shall or may have for or by reason of any cause, matter or thing, including negligence on the part of the Company, its agents, servants and employees. I agree not to make any claim against any person or corporation who might claim contribution or indemnity against the Company, its agents or employees.**

I also give my permission to use any and all pictures, video and/or movies in which I may appear for publicity, promotion and advertising without remuneration.

## **7) Parent/guardian agreement for minors**

I am the parent / guardian of the Minor who has signed this agreement. **I HAVE READ THE AGREEMENT AND UNDERSTAND THAT IT IS A FULL AND FINAL WAIVER AND RELEASE FROM ANY CLAIMS FOR LOSS OR DAMAGE THAT THE MINOR MAY SUFFER.** I consent to the Minor's participation in Les Excursions Rapides de Lachine Inc. activities and approve all of the term of the Agreement on the Minor's behalf. I agree to indemnify Les excursions Rapides de Lachine, its agents, servants and employees from any claims that might be made against them by or on behalf of the minor.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_ Signature (If less than 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_