



## PARTICIPATION AGREEMENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ P.C. / Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email : \_\_\_\_\_

(When writing down your email, you are giving us permission to keep you inform of our promotional deal by email. Rest assured, at all time, you will have the opportunity to unsubscribe from our contacts list. Try us!)

Other phone \_\_\_\_\_ Current occupation : \_\_\_\_\_

Birth Day \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Marital status Single  Couple  Complicated

Are you camping (tent)? Yes  No

Who's the crazy one who organized this day? \_\_\_\_\_

Are you sleeping in a chalet? Yes  No

Is this your first trip with us? Yes  No

Please, tell us how you've heard about us? \_\_\_\_\_

### READ CAREFULLY AND INITIAL EVERY PARAGRAPH

1. I am aware that the activity I intend to practice is dangerous. I recognize that I can fall at any time/anywhere and could cause different injuries such as : bruises, sprains, fractures, severe trauma and death.	Initials
2. I declare not to be under the influence of alcohol or any drugs and agree not to make use of them during this activity. (We advise against energy drinks)	Initials
3. I accept to follow all the instructions that the instructor or any other staff from <b>Rafting Momentum</b> will give me, and to respect theirs rules and standards.	Initials
4. I accept responsibility for any expenses caused on my behalf as a result of my actions (emergency evacuation).	Initials
5. I give permission to <b>Rafting Momentum</b> to use pictures and/or videos, for marketing purposes, without compensation to myself.	Initials
6. I clear <b>Rafting Momentum</b> of any responsibilities due to lost or damaged material.	Initials
7. <b>Rafting Momentum</b> instructors advised me of the different risks involved in this activity and I assume all consequences and clear <b>Rafting Momentum</b> , its employees and director from any kind of responsibilities.	Initials

## EMERGENCY INTERVENTION AUTHORIZATION

I authorize, **Rafting Momentum** to use all the necessary first aid and CPR technics and I further authorize **Rafting Momentum** to make any decisions regarding medical transport in case of an accident (by ambulance, helicopter, coast guard or other way) at a hospital or health center.

Yes	No	Section « A » <b>Medical Questionnaire</b>
		1. Has your doctor ever said you had heart trouble?
		2. Do you frequently have pains in your heart or chest?
		3. In the last month, have you felt chest pains while doing no physical activity?
		4. Do you often feel faint or have spells of dizziness?
		5. Has your doctor ever told you that you have bone or joint problems, such as arthritis that could be aggravated while exercising?
		6. Do you have to take prescribed medication to control your blood pressure or heart problems?
		7. Do you know any other reason why you should not do this activity?
Yes	No	Section « B » <b>Do you suffer from or have you ever suffered from :</b>
		Epilepsy ?
		Hemophilia ?
		Psychiatric problems ?
		Serious allergies ?
		Asthma ?
		Diabetes ?
		Are you pregnant?
		Have you had surgery in the last six months?

**Do you know how to swim?** Yes  No

If you answer « **Yes** » to one of the question, **you have to warn the trip leader before the activity.**

<b>Mark the appropriate activity</b>	A) Adventure/Classic Momentum <input type="checkbox"/> (90 pounds or more)	B) Family Momentum <input type="checkbox"/> (40 pounds or more)	C) River Board <input type="checkbox"/> (90 pounds or more)	D) Kayak <input type="checkbox"/> (90 pounds or more)
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### Emergency contact

**Name :** \_\_\_\_\_ **Relation :** \_\_\_\_\_ **Phone number :** \_\_\_\_\_

Please write the following sentence : « **I HAVE READ THIS CONTRACT AND I ACCEPT ALL OF ITS TERMS. »**

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Sign in Bryson, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Parent or guardian signature if the participant is under 18 years of age

\_\_\_\_\_  
Date