

RISK ACCEPTANCE - ACROBANCHE COURSES - TREMBLANT

DECLARATION

- × I acknowledge I have read the **rules of procedure** that are displayed on the Acrobranch courses.
- × I commit myself to attend the **briefing session** and listen carefully, to strictly follow all the **safety rules** and to adopt a preventive behavior towards myself and the other participants around me.
- × I am the only and best judge of my degree of skill to take part in this activity and **I am aware of the possible additional risks** to which I voluntarily expose myself knowingly.
- × I am asked to visit the installations and get information about the activity before subscribing. No ticket will be refunded.
- × I **will not make any claim** or take action for damages to my personal property (normal wear and tear, loss, break, theft).
- × I authorize Aventures Adikt to administer all the **first aid measures** needed and to take the decision of transporting me (patrol, ambulance) in a hospital institution or a community health center, and if applicable, at my own expense.
- × I commit myself to inform an operator of a health problem that could have an impact on the practice of the activity. It is forbidden to pregnant women to go on the Acrobranch courses.

TO BE COMPLETED

Age:

Allergies? Yes / No If yes, specify:

Taking medication? Yes / No

If Yes, specify medication and dosage:

.....

Do you have physical or emotional health problems? Yes / No

If Yes, precise (respiratory, cardiac, vision, or deafness problems, diabetes, etc.):

Where did you hear about Acrobranch?

Website: Which one:

Pamphlet: Where:

Newspaper: Precise:

Hotel: Which one:

Other:

Email:

Date:

Last name – First name in block letters:

Signature:

If I am under the age of 16 years old, the signature of a legal guardian is required.

Last name – First name in block letters:

Signature of a legal guardian: