



Participation Agreement

Between CHUTES COULONGE and the participant:

JS
1 of 2

Name	
Address	
City	
Prov/State	
Postal Code	
Telephone #	
e-mail	

Please read carefully and **initial** each statement:
 Considering that the participant is requesting to participate in the following Chutes Coulouge activities:
 aerial adventure courses, zip lines, Via Ferrata, and other site activities.

The undersigned participant declares the following	
1	Chutes Coulouge personnel has explained, illustrated, and/or demonstrated, to my satisfaction, the nature, risks, and dangers of participating in aerial adventure courses, zip lines, Via Ferrata and other site activities. I am KNOWINGLY participating in the activities and I ACCEPT the INHERENT RISKS.
2	I AM THE ONE and only that may judge if my skills are sufficient to participate to this activity. I AM AWARE that the activity in which I am about to participate is dangerous and the possibility of injury, loss, trauma, or death exists. Risks include, but are not limited to, a fall or other movement (sprain, fracture etc.); injury due to a blunt or sharp object (branches, equipment, etc.); cold, hypothermia; injury resulting from accidental contact or other contact between individuals or any form of wildlife; water contact or drowning; burn or heat induced injuries, food allergies.
3	I WILL follow and comply with each and all instructions given by Chutes Coulouge guides, instructors, or any employees of Chutes Coulouge. I WILL at all times properly wear and use safety equipment provided by Chutes Coulouge. I WILL participate in risk management by adopting a preventative behavior with regards to my own safety, and the safety of the other persons that surround me.
4	I AM AWARE that the activities offered by Chutes Coulouge take place in natural surroundings that are quite a distance from medical facilities and this might result in long delays during an emergency requiring an evacuation. I GRANT Chutes Coulouge staff the right to perform the necessary first aid, if need be.
5	I ACCEPT responsibility for any expenses incurred on my behalf or as a result of my actions
6	I AM IN GOOD PHYSICAL AND MENTAL HEALTH. I have no handicap that may imply a danger inherent to participation and I accept to participate on my own free will. I DECLARE that I am not under the influence of drugs or alcohol and I will not consume them during the activity.
7	The operator reserves the right to exclude any person he/she deems a risk for him/herself or to the rest of the group. I understand that I may leave the activity for any reason whatsoever without reimbursement.
8	I GRANT Chutes Coulouge the right to use for sale/publicity any photographs or video in which I appear. I renounce all my rights regarding usage of them and I will not receive any monetary compensation.

I acknowledge having read, understood, completed the document and accept the risks inherent in the participation of these activities.
 Please recopy the above statement by hand.

Name of Participant _____ (print) Date : _____

Signature of Participant _____ Signature of Witness _____ Signature of Parent/Guardian If less than 16 years of age _____



Participation Agreement

Between CHUTES COULONGE and the participant:

Medical Questionnaire

Yes	No	
		1-Do you suffer from heart trouble?
		2-Do you frequently have pains in your heart or chest?
		3-Do you often feel faint or have spells of dizziness?
		4-Do you take prescribed medication to control your blood pressure?
		5-Do you have arthritis, other bone, or joint problems?
DO you or HAVE you ever suffered from?		
		Epilepsy?
		Hemophilia?
		Psychiatric problems?
		Serious allergies? SPECIFY:
		Asthma?
		Diabetes?
		Vision problems?
		Hearing problems?
		Are you pregnant?
		Have you had surgery in the last six months?
		SPECIFY:
		Is there any medical condition not mentioned here that you are aware of that we should know about to ensure that we provide you with the best possible first aid should the need arise?
		SPECIFY:
Initial please		I HEREBY certify that the information consigned to this participation agreement is to the best of my knowledge exact and accurate and that I did not deliberately omit any pertinent information.

Printed name and initials of Chutes Coulonge guide or staff member verifying this information.

How did you hear about us? Check the appropriate box

I visited the site before		
Friend/Family		
Brochure		
Our website		
Newspaper		Which one?
Magazine		Which one?
Radio Ad		Which one?
Other		Please specify:

Signature of Participant

Signature of Witness

Signature of Parent/Guardian
If less than 16 years of age