



Adventure Activity Participation Agreement

Between Esprit Rafting Adventures Inc. and the Participant

NAME: _____
ADDRESS: _____
CITY: _____ PROVINCE: _____ P.C. _____
COUNTRY: _____ TEL: _____
E-MAIL: _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH:
CONSIDERING that the participant is requesting to participate in the following activity:

THE UNDERSIGNED PARTICIPANT DECLARES THE FOLLOWING

- 1/ The outfitter has explained, illustrated and/or demonstrated to my satisfaction the nature, risks and dangers of the above mentioned "Adventure Activity" , and I accept these risks: _____
- 2/ I am aware that the activity in which I am about to participate is physically demanding and dangerous, and the possibility of injury, loss, trauma, sudden cardiac arrest, drowning or death exists; _____
- 3/ Specifically, I understand that in the course of a river descent, the boat may capsize and/or I could be thrown from the boat and fall into the water at any point on the river; _____
- 4/ I declare my intention to participate in these activities at my own risk and I specifically release the outfitter from any responsibility regarding any loss or damages that I might suffer; _____
- 5/ I declare that I am not under the influence of alcohol or drugs and that I will not partake in the use any for the duration of the activity; _____
- 6/ I will follow and comply with each and all instructions given by the outfitter, its guides, instructors or any of its employees; _____
- 7/ I accept responsibility for any expenses incurred on my behalf or as a result of my actions; _____

Please copy out the following statement in your own hand writing:

I DECLARE THAT I HAVE READ, UNDERSTAND AND ACCEPT EACH PARAGRAPH OF THIS AGREEMENT.

Print Name

Signature of Participant

Name of parent or guardian if participant is under 18 years of age.

Signature of Parent or Guardian



Medical Questionnaire

	<u>YES</u>	<u>NO</u>
A) DO YOU SUFFER FROM OR HAVE YOU SUFFERED? HEART DISEASE (angina, stroke, or other).....	_____	_____
EPILEPSY	_____	_____
HEMOPHILIA	_____	_____
B) DO YOU SUFFER FROM OR HAVE YOU SUFFERED? SERIOUS ALLERGIES (including nuts, peanuts, biting insects, cold induced anaphylaxis, or any others)	_____	_____
C) HAVE YOU EVER SUFFERED OR DO YOU SUFFER FROM ANY OTHER MEDICAL ISSUE OR INJURY THAT MAY EFFECT YOU ON YOUR COURSE?	_____	_____
If yes, please describe: _____ _____ _____		
D) ARE YOU PRESENTLY TAKING MEDICATION WHICH COULD ALTER YOUR PHYSICAL OR MENTAL FACULTIES?	_____	_____
If yes, do you have your medication with you?		
(e.g.: epipen, asthma inhaler, glucose....)		
E) ARE YOU PREGNANT?	_____	_____
F) ARE YOU A NERVOUS, WEAK OR NON-SWIMMER?	_____	_____

Note: If you answered yes to any of the above, you are obligated to advise your instructor(s) before commencement.

I grant **Esprit Rafting Adventures Inc.** the right to use any photographs and/or videos in which I may appear without any compensation. _____

Participant's Name

Participant's Signature

Date (dd/mm/yy)