



Package : _____
 Time of activity : _____

Participation Agreement

Between CHUTES COULONGE and the participant:

Name	
Age (at time of activity)	
Address	
City	
Prov/State	
Postal Code	
Telephone #	
Email	

Please read carefully and initial each statement

1	I will listen while Chutes Coulonge personnel explain, illustrate, and/or demonstrate the nature, risks, and dangers of participating in aerial adventure courses, zip lines, Via Ferrata and other site activities. I will ENSURE that all instructions are clearly understood and explained to my satisfaction . I am KNOWINGLY participating in the activities and I ACCEPT the INHERENT RISKS .	
2	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.); hypothermia, hyperthermia; 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 Coulonge guides, instructors, or any employees of Chutes Coulonge Park. I WILL at all times properly wear and use safety equipment provided by Chutes Coulonge. I WILL participate in risk management by adopting a preventative behavior with regards to my own safety, and the safety of the other people that surround me .	
4	I AM AWARE that the activities offered by Chutes Coulonge take place in natural surroundings that are a distance from medical facilities, and that this might result in long delays during an emergency requiring an evacuation. I GRANT Chutes Coulonge staff the right to perform the necessary first aid, if and when required. I ASSUME responsibility for any and all medical expenses incurred as a result of my activity.	
5	I ASSUME responsibility for any and all damages caused by acts of vandalism, recklessness, and failure to follow instructions, as well as any expenses related to such damage.	
6	I CERTIFY THAT 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 while on the site.	
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 as well as if the participants does not show enough independence to complete the course without constant supervision . I understand that I may leave the activity for any reason whatsoever without reimbursement .	
8	I GRANT Chutes Coulonge the right to use for marketing/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.	
9	I AM AWARE that the Chutes Coulonge DOES NOT ISSUE REFUNDS for any and all activities in the Park, for any reason including but not limited to: inclement weather, fear of an activity or obstacle, or difficulty with activity where guides have expressed any concerns. NO EXCEPTIONS – once a participant is dressed in gear and the briefing process has begun, no refunds will be issued. Rainchecks may be granted if the activity cannot be reasonably postponed on the day of the original visit.	

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

(Print) Name of Participant _____ Date: _____

 Signature of Participant

 Signature of Witness
 (anyone in your group)

 Signature of Parent/Guardian
 (participants 16 and under)



Participation Agreement - Medical Questionnaire

Between CHUTES COULONGE and the participant:

YES	NO	
		Do you suffer from heart trouble?
		Do you frequently have pains in your heart or chest?
		Do you often feel faint or have spells of dizziness?
		Do you take prescribed medication to control your blood pressure?
		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?
		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?
		If YES, 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.
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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 station?
Other		Please specify:

Signature of Participant

Signature of Witness
(anyone in your group)

Signature of Parent/Guardian
(participants 16 and under)