

Registration Form

First Name: _____	Name: _____							

Address: _____	City: _____							
Province: _____	Postal Code: _____	Phone: _____						
Date of birth (DD/MM/YYYY): _____								
Person to contact in case of emergency : _____								
Relationship : _____		Phone : _____						
	Yes	No		Yes	No		Yes	No
Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo?	<input type="checkbox"/>	<input type="checkbox"/>	Physical problems?	<input type="checkbox"/>	<input type="checkbox"/>	Other?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify : _____								

Risk Acceptance Statement

I, the undersigned, hereby declare that I am fully aware of the physical and technical skills required to take part in the activities and of the risks associated with them. I hereby agree to follow the directives and instructions provided by the guides and to comply with all the rules. I also declare that I suffer no medical condition that prevents me from taking part in the activities.

I acknowledge that the activities in which I will participate may be interrupted, without refund, should I be judged unfit to do so by the staff member because of my condition, attitude or behavior, or for any other reasons deemed valid and reasonable, in order to ensure my own safety and well-being and that of the other participants.

To ensure my safety, I agree to pay the costs incurred to proceed with my emergency evacuation and to transport my personal belongings; I also agree to leave it to the sole judgment of the guides to choose the appropriate means of transportation.

I hereby authorize any person to use, for publicity purposes, any representation in the form of video images or photographs on which I might appear.

I hereby acknowledge that I have read the terms and conditions on this form, that I understand and accept them, and that I participate willingly and without influence in the activities.

An authorization is required for participants under 18 years of age.

_____	_____
Signature of the participant	Signature of the parent (guardian)
_____	_____
Date DD/MM/YYYY	Name of parent (guardian) in block letters

For administration only

Date de la visite: _____	Heure de la réservation: _____		
Choix du parcours:	Adulte <input type="checkbox"/>	Junior <input type="checkbox"/>	Enfant <input type="checkbox"/>
Tarif:	Individuel <input type="checkbox"/>	Familial <input type="checkbox"/>	Groupe <input type="checkbox"/>
	Accompagnateur <input type="checkbox"/>	Certificat cadeau <input type="checkbox"/>	