



ACKNOWLEDGMENT FORM OF ASSUMPTION OF RISKS

FIRST NAME

LAST NAME

ADRESS

COUNTRY

POSTAL CODE / ZIP CODE

PHONE

1) RISKS INHERENT IN THE ACTIVITY

I acknowledge having been informed of the risks inherent in the activities that are part of the program of The Queen and the Millionaire. The risks of the DOG SLED race in which I will participate are, more specifically, but not limited to:

- Injuries due to falls or other movements (sprain, strain, fracture, etc.);
- Injuries with blunt or sharp objects (branches, equipment, etc.);
- Cold or hypothermia
- Injuries resulting from accidental or non-accidental contact between individuals
- Food allergy
- Contact with water or drowning (when passing near a watercourse);
- Burns or heat disorders
- Collision with a snowmobile or a road vehicle

Initials please :

2) HEALTH

Sex : Age : Allergies ? YES NO If yes, specify :

Taking medication? YES NO

If yes, specify the name of the drug(s) and the dosage :

Do you have any physical, emotional or behavioral health problems that directly or indirectly would limit you in the practice of the activity in which you are going to participate? Specify, eg. Respiratory problems, heart problems, diabetes, vision problems, deafness, fear of water / heights / dogs, limitation of your movements, etc.

YES NO If yes, specify:

Initials please

3) CONFIRMATION OF INFORMATION AND ACCEPTANCE OF RISKS

I certify that the information contained in this form is correct, and this to the best of my knowledge. I certify that I have not deliberately omitted any relevant or irrelevant information about my state of health. I am aware that the information contained in this form is confidential and is intended to better plan and supervise the safety of the race in which I am participating and that it will allow the organization of the La Chic-Chocs race to profile its runners. I am aware that the La Chic-Chocs race takes place in semi-natural or rugged natural environments which, consequently, are further away from medical services. This state of affairs could lead to long delays during an emergency requiring an evacuation, and consequently, a possible aggravation of my condition or my injury. Having become aware of these risks and having had the opportunity to discuss them with a member of the organization of the race, I acknowledge having been informed of the risks inherent in this race and I am able to undertake it in ALL KNOWLEDGE OF THE CAUSE AND ACCEPTING THE RISKS that the La Chic-Chocs race may entail. I also undertake to play an active role in the management of these risks by adopting a preventive attitude towards myself and towards the other people around me. I understand that it is possible for me to leave the race for one reason or another.

Initials please

4) DRUGS AND ALCOHOL

I agree not to consume, not have in my possession or be under the influence of any drugs, illicit substances or medication (prescription or not) that would not be mentioned in point 2) of this form. I also confirm that I am not under the influence of alcohol, and that I will remain so for the duration of the race. I am aware that any breach of these rules on my part could see me be disqualified without notice, and without the possibility of reimbursement.

Date :

Signature :

AUTHORIZATION TO INTERVENE IN CASE OF EMERGENCY

I, the undersigned, authorize the NPO La Chic-Chocs Enr. to provide all necessary first aid. I also authorize the NPO La Chic-Chocs Enr. to make the decision in the event of an accident to transport me (by ambulance, helicopter, coast guard or otherwise) to a hospital or community health facility, all at my own expense, if necessary.

Print Name :

Date :

Signature :