###  ACKNOWLEDGEMENT AND ASSUMPTION OF RISK – DESIRE TO DISCOVER

**1) RISK INHERENT TO THE ACTIVITY**

# I recognize that I have been informed about risks inherent to activities a part of **Desire to Discover** expeditions.

The risks inherent to the activity in which I will participate are, in particular, but not limited to:

* Injuries with blunt or sharp object (branches, material, knives, saw, etc.);
* Burns (fire, boiling water, etc.) and/or other heat-induced injuries (sunburns, heatstroke, dehydration), lightning, precipitations (rain, hail), wind or other meteorological phenomenon’s;
* Cold or hypothermia;
* Injuries resulting from accidental or non-accidental contact between individuals;
* Allergies (food, bees, mosquitoes, etc.);
* Disease from bacteria’s or viruses caused by contamination in water and/or food;
* Contact with wildlife (bears, tics, etc.) and flora (poison ivy, giant hogweed, dead trees, etc.);
* Contact with water or drowning (during water activities or near waterways);
* Risks related to the river environment(falls, current, water-level rocks, etc.);
* Risks related to campground life (sprains, lifting heavy loads, falling trees or a branch, etc.);
* Risks related to portaging (material or boat falling on participants, sprains, strain, fractures, fall on rough terrain, fatigue, etc.);
* Risks related to the activity of canoeing (capsize[[1]](#footnote-1), boat submerged in the water, pulling or muscle weakness, participant in current/moving water, etc.);
* Injuries during transport in rented and/or private vehicles;
* Risks related to participants (lack of knowledge, bad swimmers, personal flotation devices not well adjusted, non-respect of safety briefings, etc.)

**Initials Parent’s initials (*if less than 16 years old*)**

##### 2) Health Profile

## **NAME: Sex:** W / M / Other:  **Age:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Allergies? If yes, specify EpiPen? Yes / No  |  |  |
| Are you pregnant?If yes, how many months?  |  |  |
| Taking medication? If yes, specify medication name(s) and treatment dosage   |  |  |
| Cardiac problems? If yes, specify  |  |  |
| Respiratory problems (asthma, etc.)? If yes, specify  |  |  |
| Diabetic or glycemic problems (hypoglycemia)?If yes, specify  |  |  |
| Physical injuries (limitations of movement, back pain, arthritis, old injury, surgery, etc.)?If yes, specify  |  |  |
| Concussion or head injuries? If yes, specify dates  |  |  |
| Epilepsy?If yes, specify  |  |  |
| Vision or hearing problem?If yes, specify  |  |  |
| Fears or anxiety related to water?If yes, specify  |  |  |
| Mental health issues that could impact directly or indirectly the activities on trip (anxiety, depression, etc.)? If yes, specify  |  |  |
| Any other physical, emotional or behavioural issues that could affect the activities on trip?If yes, specify  |  |  |

**If you have answered YES to any of these questions, we will have a conversation on the phone prior to the departure of the trip.**

**Initials**  **Parent’s initials** (if less than 16 years old)

**Contact in case of emergency**

Name: Relationship: Phone number:

# **3) CONFIRMATION OF INFORMATION AND ASSUMPTION OF RISKS**

# I hereby certify that the information consigned to this Registration Card is, to the best of my knowledge, exact and accurate. I further certify that no information pertinent or not to my health profile was deliberately omitted. I am aware that the information contained in this Registration Card is confidential and will be used to better plan and supervise the safety of the activities in which I will participate and will allow **Desire to Discover** to draw up a profile of its clientele. I am also aware that the activities offered by **Desire to Discover** take place in wild or natural environments that, consequently, are quite distant from medical services. This state of affairs could result in long delays during an emergency requiring an evacuation and, as such, a possible aggravation of my state of health or my injury. Having taken cognizance of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I was informed about the risks inherent to the activities and I am able to participate in the expedition WILLINGLY AND I ACCEPT ANY AND ALL RISKS THAT such an expedition can comprise. I also pledge to play an active role in risk management by adopting a preventive behaviour with regards to my own safety, and the safety of the other persons that surround me. The guide reserves the right to exclude any person they deem to be a risk to themselves or to the rest of the group. I understand that I may leave the present activity for any reason whatsoever.

**Initials**  **Parent’s initials** (if less than 16 years old)

**4) DRUGS AND ALCOHOL**

I promise not to consume, not have in possession, or be under the influence of any drugs (prescription or otherwise) or illegal substances which are not mentioned in the Health Profile of this form. I also confirm not to be under the influence of alcohol and remain so for the entire duration of the trip. I am aware that any violation of these rules on my part might evict me from the trip without notice and without a refund.

**Initials**  **Parent’s initials** (if less than 16 years old)

**5) MATERIAL LIABILITY WAIVER**

I undersigned, forego any claim, proceeding in damage or interest in damages to assets and material of my belonging (use, loss, damage, theft, vandalism).

**Initials**  **Parents initials** (if less than 16 years old)

###### 6) AUTHORIZATION IN CASE OF EMERGENCY

I undersigned, authorize **Desire to Discover** to provide all necessary care. I also authorize **Desire to Discover** to take decisions in case of an accident to transport me (by ambulance, helicopter, coast guard or other) to a hospital or health care centre, and this, if it applies, at my own expenses.

**Initials**  **Parent’s initials** (if less than 16 years old)

**Name** (*in block letters*):

**Signature:**  Date:

***If less than 16 years old***

**Name of parent** (*in block letters*):

**Parent's signature:**  Date:

**7) AUTHORIZATION TO USE PHOTOS FOR PROMOTION**

I undersigned, authorize **Desire to Discover** to use photos taken during the expeditions for promotion on social media and on the business website.

**Name** (*in block letters*):

**Signature:**  Date:

***If less than 16 years old***

**Name of parent** (*in block letters*):

**Parent's signature:**  Date:

1. Capsize: Act of tipping/flipping your boat. [↑](#footnote-ref-1)