



CAMP FORTUNE

INHERENT RISKS WARNING & WAIVER FORM

Activity: Camp Fortune Aerial Park & Ziplines

Location: Camp Fortune & 3133591 Manitoba Ltd, 300 ch Dunlop Chelsea, Québec

Date: _____

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Telephone: _____

I agree to receive Camp Fortune's newsletter containing promotions, news and updates regarding Camp Fortune's products and services. You can withdraw consent at any time.

In case of emergency – Name: _____ Telephone: _____

- I hereby acknowledge understanding the inherent risks of the activity offered by **Camp Fortune's Aerial Park and ziplines.**
- **Aerial Park and ziplines:** I acknowledge understanding the inherent risks of the use of harnesses and security equipment, of the difficulty of form, shapes and mobility of each activity, platforms, games and zip lines;
- I undertake to give the necessary attention needed to understand the detailed instructions concerning the activities and its security measures during the **mandatory** information meeting & initiation session prior to these activities;
- I acknowledge understanding the implications of my participation concerning the inherent risks of possible accidents and physical injuries that could arise from these activities;
- I am the best and only one to judge if my skills are sufficient to participate to this activity. I am aware of the risks of physical injuries I am exposing myself to and this on my own free will and knowledge;
- I am in good physical and mental health. I have no handicap that may imply a danger inherent to my participation and I accept to participate on my own free will;
- I understand it is forbidden to participate in the activity while under the influence of drugs or alcohol, including cannabis and that no refunds will be issued if I am under the influence.
- I therefore acknowledge and understand that **Camp Fortune & 3133591 Manitoba Ltd.** and his subsidiaries or any organizer are not be held responsible for any accident and/or physical injury arising from my participation in these activities unless arising from Camp Fortune & 3133591 Manitoba Ltd 's sole negligence.
- I acknowledge that I have read agreement and understand risks associated with **aerial park & ziplines** _____ INITIALS

My age is _____ years old. Date: _____

Signature of participant: _____

Since I am under the age of 16, I am enclosing the written agreement signed by my parents;

Parent (s)/Guardian signature: _____

How did you hear about Camp Fortune? _____

HARNESS: # _____ & GLOVES	ADULT _____ TEEN _____ JUNIOR _____	VISIT _____, _____ 20____
_____ OR _____	GIVEN BY: _____	Departure: _____ h _____
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