



REGISTRATION FORM

Name: _____

Number of persons: _____

Age of persons: _____

Country: _____

State: _____

Phone number: _____

Email: _____

Person to contact in emergency and phone number: _____

Is this your first dogsledding experience: Yes No

Type activities: Ballad Short rando Long rando Heart/Motor
 Grand-Air The Seduction Beauty and the beast

Are you pregnant: Yes No

Do you take medication Yes No If yes, please specify: _____

DO YOU NOW, OR HAVE YOU EVER SUFFERED FROM:

Asthma Yes No

Heart condition (heart attack, angina) Yes No

Epilepsy Yes No

Hemophilia Yes No

Hearing impairment Yes No

Diabetes Yes No

Have you undergone an abdominal or chest surgery (in the last 6 months)? Yes No

Any physical, emotional or behavioural problems that might, directly or indirectly, limit you during your dogsledding excursion. Yes No

I declare the information outlined herein to be true to the best of my knowledge, and that I have not deliberately omitted information pertaining to my health, whether pertinent or not. I am aware that the information contained herein is confidential and serves to better plan and ensure the security of my dogsledding excursion, as well as allowing Aventure Inukshuk the possibility of amassing a true profile of their clientele.

Please initial: _____



UNDERSTANDING AND ACCEPTANCE OF RISK FORM

The following are risks inherent to Aventure Inukshuk's program:

- Injuries due to a fall or abrupt movement (pulls, sprains or fractures, etc.)
- Injuries due to blunt or sharp objects (branches, equipment, etc)
- Cold or hypothermia / Burns or heat-induced injury
- Injuries resulting from accidental or other contact with individuals
- Allergies
- Dogbite
- Other

Your children are your responsibility. You should always keep them near you and out of the reach of dogs, by the hand or in your arms.

I have read and accept the conditions mentioned above _____ Initials

I am aware that the activities offered by Aventure Inukshuk take place in possibly rugged natural or semi-natural environments which consequently may be distant from medical services. This can result in long delays in the event of an emergency necessitating an evacuation, and possible aggravation of my state of health or injury.

I further authorize Aventure Inukshuk to administer any necessary first aid and, in the case of an accident, to make the decision to transport me (by ambulance, helicopter or other means) to a hospital or health facility, at my expense, if required.

I declare not to be under the effects of any drug, alcohol and/or medication. I promise to respect all instructions given by the management and/or employees of Aventure Inukshuk and pledge to adopt a preventive attitude with regards to my own safety and the safety of those around me. The guide reserves the right to exclude any person he/she judges represents a risk to themselves or to others.

Having taken knowledge of these risks, I acknowledge having been informed and I am able to undertake the activity in any knowledge of CAUSE and in accepting risk that may include this activity.

I authorize Aventure Inukshuk to use any photos and/or videos taken by them in which I might appear.

I declare having read, understood and accepted the present document.

Participant's Name: _____

Signature: _____ Date: _____

Where did you hear about us?

- SEPAQ Brochure Family and friends Hotel
- Social Networks Internet La Forfaiterie Medias (TV, radio, press)
- Other: _____