

**This form must be completed and signed by any person who is authorized to stay or participate in an activity that is not offered or which requires authorization from the Société des établissements de plein air du Québec.**

**Registration**

Family Name, Given Name			Address N° Street		
Arrival Date YY MM DD	Departure Date YY MM DD		Town/City	Prov.	Postal Code
Parent or responsible (if participant is under the age of majority)			Country	Date of Birth YY MM DD	
NAME OF CONTACT PERSON IN CASE OF EMERGENCY – Family Name, Given Name			Address N° Street		
Telephone No. (Home) ( )	Telephone No. (Work) ( )		Town/City	Prov.	Postal Code

**Description of Activity**

Establishment	Location of Activity
Description of the Activity	
Climatic Conditions	
Detailed Itinerary <i>Please describe the itinerary that you will be following and carefully indicate the means of locomotion (skis, snowshoes, bicycle, boat, etc.) for each route stage and all locations where you plan to set up camp. Whenever possible, attach a map detailing your itinerary.</i>	

**Additional Information**

<b>COMMUNICATIONS</b>			
Cellular Phone (N°) ( )	Satellite (N°)	Owner	
Ranging Beacon (N°)	Radio (type and frequency)	Vehicle (model, make, colour)	Licence Plate Details
MEDICATION			
GROUP LEADER (Family Name, First Name)			

**See back page of form for Terms and Conditions**

**Activity Participation Terms and Conditions and Release of Liability**

**1. Authorization**

Subject to the terms and conditions set forth in this form, Sépaq authorizes its signatory to participate in the activity as identified on the front of this form (hereinafter called "the activity").

**2. Disclosure of Risks**

I, the undersigned, acknowledge that I have inquired about the risks associated with this activity, which may cause bodily harm, even death.

I further acknowledge that this activity takes place in natural settings and is therefore located farther away from emergency services. This can cause additional delays in the event of incidents requiring immediate care or an evacuation.

**3. Assumption of Risks**

I am aware of the risks associated with this activity and I declare that I am in good physical, emotional and mental fitness, which enables me to participate in this activity or stay, knowledgeably and willingly, and I hereby acknowledge and assume all risks associated with this activity. I understand that all the rules and regulations relating to the participation in this activity must be respected, and that at all times, I bear the sole responsibility for my personal safety. I will adopt a preventive attitude towards myself and the other participants.

I will cease to participate in this activity, if at any time, I observe or sense any unusual hazard or unsafe condition, or if I feel that I am unable or unfit to safely continue my participation. This will be done so as not to jeopardize the safety of the other participants or my own safety.

**4. Release of Liability**

I hereby waive any claim and any right of action that I have or may have in the future against the *Société des établissements de plein air du Québec*, its officers, employees, or representatives as regards any liability for any loss that I may suffer as a result of my participation in this activity, regardless of the cause.

**5. Search and Rescue**

Sépaq recommends that you leave a copy of your itinerary with a friend or relative, clearly identifying your expected date and time of return, along with instructions to contact emergency services (911) in the event that you are missing. Sépaq will not verify any information regarding your expected date and time of return. **All costs incurred during the search and rescue operations are not Sépaq's responsibility.**

**6. Additional Terms and Conditions**

I acknowledge that any issue relating to the application and interpretation of this document is governed exclusively by the laws of the Province of Quebec and the federal laws of Canada applicable therein, and I agree to submit to the exclusive jurisdiction of the courts of the Province of Quebec, within the district of Quebec, relating to any action, proceeding, or claim in that behalf.

**Additional Information Relating to the Activity**


**Consent**

**I confirm that I have read and understood this document, that I agree to the terms and that I will knowledgeably and willingly participate in this activity and/or stay.**

Participant's signature (or parent or guardian if the participant is under the age of majority)	Date YY   MM   DD
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Signature of Sépaq's Officer	Date YY   MM   DD
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