



A. Identification of Participant

Name: _____ surname: _____ SEX: M __ F __ AGE : _____
Address: _____ city: _____ Province: _____
Zip Code: _____ Country: _____
Birth date (day/month/year) Telephone cell
E-mail: _____ *I would like to receive E-mail
Horizon Roc promotions and news letter*

B. Parent, Tutor (Minors)

Name: _____ surname: _____
Relationship: _____
E-mail: _____ Telephone cell

I, the undersigned, hereby authorize Center d'escalade Horizon Roc Inc. to use photographs and video material for advertising purposes without any compensation whatsoever.

Signature : _____ For minors: Tutor or parent sign: _____ Date : _____

C. Emergency contact

Name: _____ Relationship: _____
E-mail: _____ Telephone cell

D. Inherent Risks of the Activity (non-exhaustive list)

- Fall or impact on the climbing wall or floor;
- Breaks, movements or falling of climbing holds, equipment or other debris, caused accidentally or by other usage;
- Inclined, uneven environment, involving mattresses, equipment and obstacles that may or may not move;
- Behavior, possibly negligent, or other users;
- Failure of individual safety equipment.

E. Recognition and Acceptance of Risk

I HEREBY ACKNOWLEDGE AND AGREE THAT:

- Climbing can be dangerous, exposing participants to many risks and dangers, some of which are inherent in the very nature of climbing and some of which are the result of human error and negligence on the part of people involved in the preparation, organization and staging of the climb
- I am aware that the activity I intend to practice involves risks that could cause serious personal harm, material or other loss, injury or death.
- Some of these risks are identified in the paragraph above, but are not limited to them.
- Some of these risks and dangers are foreseeable; however, others are not

I FREELY AND VOLUNTARILY accept the nature of these risks as an integral part of the activity, as well as the consequences that may result from them, therefore, my preparations to participate and my actual participation in this activity SHALL BE ENTIRELY AT MY OWN RISK;

I understand that neither Horizon Roc nor Accès Escalade Montréal nor the directors, officers, employees, promoters, independent contractors and agents can be held responsible for my safety during my preparations to participate or my actions in participating in a climbing activity.

F. Authorization to Administer First Aid

In the event of injury or accident, or if I, myself, am in a state of unconsciousness, I hereby authorize the personnel to administer the required emergency aid and to take necessary measures to remove me from the premises. Furthermore, I accept to assume all related expenses.

I authorize the personnel providing first aid to administer the necessary medicine, with the exception of the following:

If I am under medical treatment or if I experience reaction to certain situations (i.e. anaphylactic reaction), I will advise authorities and indicate measures to take in the event of incapacity on my part to self-administer treatment.

Minors: In the event that authorized personnel are unable to contact the parent(s) or tutor(s) of the child, I hereby authorize the medical practitioner chosen by the personnel of this activity to provide all the necessary medical treatment according to the condition, including surgical intervention, injections, anesthetic or hospitalization.

G. Commitment of the Participant

I, the undersigned, declare the following:

I confirm to have the health, physical form, and mental capacity and attitude required for this activity.

I also hereby agree to the following:

- to conduct myself in a responsible and secure manner, in order to eliminate or reduce risks and consequences for me or others;
- to respect the rules and regulations given by the personnel of the activity;
- to request for clarification of an unknown situation, and to not execute a maneuver that appears overly difficult;
- to not surpass my capabilities and to advise the personnel of any malaise, pain or adverse symptoms I encounter during the activity;
- to not be under the influence of alcohol or any illegal or harmful substance, and to refrain from any such usage during the duration of the activity;

I affirm that I have read and understood this document and undertake the practice of this activity with full knowledge of the facts. I clearly understand that Horizon Roc or Accès Escalade Montréal will not allow me to participate in the climbing activity until I have signed this RISK ASSUMPTION FORM,

Signature

Date

For minors: Tutor or parent

Date