



**IMPORTANT :** This document will be used to complete your admission file for the Adventure Study program.

**Once it is completed, it must be scanned and uploaded to your personal file on the SRACQ's website.**

***Memory Aid***

		Yes	No
<b>Identification</b>	Completed		
<b>Committment Contract</b>	Completed and signed (parent/guardian signature for minors)		
<b>Risk Assumption Consent Form</b>	Completed and signed (parent/guardian signature for minors)		
<b>Health Form</b>	Completed		
<b>Experience and Skills</b>	Completed		
<b>Agreement to policies surrounding borrowing and renting Adventure Tourism equipment for courses and for extra curricular use</b>	Signed (parent/guardian signature for minors)		

## 1. IDENTIFICATION

Surname : \_\_\_\_\_

Name : \_\_\_\_\_

Adress (Civic number and street) : \_\_\_\_\_

City : \_\_\_\_\_

Province : \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country : \_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

## 2. COMMITMENT CONTRACT

I, (please print) \_\_\_\_\_, agree to participate in all outdoor activities, excursions and expeditions in the Adventure Study program for the current semester. If I am absent for one or more activities or if I participate in one or more activities but change my mind, **I am aware and accept that I will not be reimbursed.**

Even if I already possess one or several certifications offered by the program, I will stay enrolled in the activity and will use this opportunity for me to further practice, improve, and refine my skills.

*If I do not participate in ANY activities in the Adventure Study program, the Cégep will reimburse the cost of inscription. The CEGEP will only reimburse the student if he or she has not participated in ANY activities.*

I agree to be responsible and notify the coordinator/instructor of the program, **a minimum of two weeks in advance**, if I must be excused for one of the activities.

I agree to uphold the following behaviour:

- Always be **punctual!** Do not be late for any departures for outdoor activities, excursions and/or expeditions, scheduled.
- **Be prepared:** prevent forgetting things, pack your bags the evening before leaving, bring all of the required material, etc.
- Adopt **the appropriate safety measures**, respect the limits and guidelines given by the people responsible for the activity.
- **Do not consume ANY alcohol and/or drugs** during any activities, excursions and/or expeditions.
- **Be respectful** with the people responsible for the activities: guides, assistants, instructors, as well as other students participating in the Adventure Study program.

I agree to commit to this program and I accept full responsibility for the consequences of my actions and the coordinator/instructor for the Adventure Study program will decide appropriate action if a situation and/or event takes place.

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE PARENT/GUARDIAN : \_\_\_\_\_

DATE : \_\_\_\_\_

### 3. RISK ASSUMPTION CONSENT FORM

#### EXPLANATION OF THE RISK ASSUMPTION CONSENT FORM IN THE ADVENTURE STUDY PROGRAM

To whom it may concern,

The goal of this letter put in context the Risk Assumption Consent Form, that your child and you are required to fill out before he/or she can participate in any activities at the beginning of the semester. This is what you need to know and understand.

This administrative formality is a standard in the Adventure Tourism industry in Québec. Perhaps you yourself have already signed a similar document if you have participated in an activity that was run by professionals in an extreme/adventure setting. This declaration's goal is to properly inform the participant of the inherent risks of the activities and to help the participant better prepare. It also shows the determined parameters in which the person responsible is legally binded, in a professional setting.

Furthermore, this form is obligatory in this field of activity. It aims to protect the participant as well as the instructors and coordinator. It also should be known that, in its own definition, adventure tourism is made up of one part risk. This form allows the Cégep to manage the program in a standard and professional fashion; this includes constantly reevaluating several risk factors, like the weather, the level of the group and the state of the areas used to carry out the activities.

We have taught and offered the Adventure Tourism program for 15 years now at the Cégep de la Gaspésie et des Îles, Campus de Gaspé and the running of these activities has been carried out securely, with good judgement and with respect to the norms of the industry within Québec. Our institution is also a part of the Association Aventure Écotourisme Québec. (<http://www.aventure-ecotourisme.qc.ca/>).

Our team is trained to understand and assess the risks posed by the natural environment and we take a preventative and conservative approach to ensure a positive experience for the participants.

Please, feel free to contact us for further clarification on this subject, on the matter of our outings or our proactive management of risks.

Regards,  
The Adventure Study team

## Adventure Study at Cégep de la Gaspésie et des Îles

### Risk Assumption Consent Form

Please read the following text, carefully. If you have any questions, please contact the following number, 418-368-2201 ext. 1777, before signing the contract.

I am aware that there are risks involved with the proposed activities for the duration of my time in the Adventure Study program at the Cégep de la Gaspésie et des Îles. Even though all of the necessary measures are taken to ensure that the activities are safe and secure, I understand that there are still risks involved.

Here are possible dangers that could be encountered (this list is not definitive; it is a source of reference):

- Have uncontrollable sea sickness;
- Suffer from viral or bacterial illnesses caused by contamination of food or water;
- Be surprised by a storm, wind, rain, or other weather phenomena;
- Suffer health complications like cardiac arrest, appendicitis or allergic reactions;
- Suffer serious injuries that could lead to death after an encounter with a wild animal, a waterfall, drowning or a collision with another water or land craft;
- Be struck by lightning;
- Stay stuck or trapped in your craft, in a crevice or under the snow;
- Suffer from shock, hyperventilation, frostbite, hypothermia, burns;
- Be injured during transportation in private or rented vehicles, while using tools or equipment, or lifting heavy loads;
- Suffer sporting injuries while using tendons, muscles, ligaments;
- Other

These activities may take place far away from medical services and it is important to remember that rescue and evacuation of an injured person may take several hours or in some cases, several days.

I, \_\_\_\_\_, resident \_\_\_\_\_ of \_\_\_\_\_, declare :

- Having been warned of the risks, physical exertions and activities, weather and environmental conditions (climate and terrain conditions), and human conditions (number of participants, guide's experience, information about other participants) by the accompanier, the teacher or the business providing the activity, according to the presentation of the activities and according to the competencies that I believe I possess, I declare myself capable of participating in these activities in a safe and secure manner.
- However, if, at one moment or another, I think my physical condition or my mental health is in no state to participate in these activities, I will immediately inform the guide or teacher in charge.
- I accept to follow the safety procedures and rules, and this, for my security and others involved.
- I am entirely aware of and have reflected on my decision, and I assume all risks and dangers that may result in one of the activities offered in the Adventure Study program at the Cégep de la Gaspésie et des Îles.
- I understand that it is my duty to inform the people in charge or the group of any risky behaviour.
- I understand that I will always have the right to not participate in an activity that I feel is too risky or that I am not comfortable with.

- I have absolutely no intention of legally pursuing the people in charge or the Cégep de la Gaspésie et des Îles if an accident happens.

I give my consent that photos may be taken of me, during an expedition, and they may be used for promotional purposes by the Cégep de la Gaspésie et des Îles.

Signature: \_\_\_\_\_

Signature of parents (if the student is a minor): \_\_\_\_\_

Date : \_\_\_\_\_

## 4. HEALTH FORM

<b>Name:</b>	<b>Semester :</b>
<b>Birth date:</b>	<b>Sex: M__ F_</b>
<b>Telephone:</b>	<b>Health insurance number:</b> <b>Expiration date:</b>
<b>Person to contact in case of emergency:</b>	<b>Telephone :</b>

1. Have you ever been diagnosed with a heart condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Do you ever experience chest pain?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Do you ever feel dizzy or weak?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Have you ever been diagnosed with bone or joint problems which are aggravated by exercise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Do you or have you ever had high blood pressure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Are you taking any medication? If yes, which ones and why?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Do you suffer from any illness or condition that could cause you difficulty during this program? If yes, what?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Do you suffer from muscle or joint pain or have any muscle or joint injuries? If yes, what?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Do you or should you wear a medic-alert bracelet? If yes, for which reasons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Do you suffer from respiratory problems? If yes, describe?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11. Do you suffer from back pain? If yes, describe?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Do you do any physical activity? Which activity? How many times a week?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Are you pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. Do you suffer from epilepsy? If so, to what degree?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

14. Have you ever been diagnosed with high cholesterol levels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you suffer from high or low blood sugar levels (hypo/hyper-glycemia/ diabetes)? If yes, please explain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Do you get sea sick?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Do you have allergies? If yes, to what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are there any other problems that might prevent you from completing this activity? If yes, please explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Semester	Date	Student Signature	Parents Signature
1			
2			
3			
4			

**Please note that if your medical condition has changed since the last time you filled out this form, you are required to fill out a new one.**



## 5. AGREEMENT TO POLICIES SURROUNDING BORROWING AND RENTING ADVENTURE TOURISME EQUIPMENT FOR COURSES AND FOR EXTRA CURRICULAR USE

1. I understand Adventure Tourism courses requiring equipment will always take priority over requests for equipment for extra curricular activities.
2. I understand that a student that does not return their equipment on the specified return period will lose the privilege to borrow/rent equipment for extra curricular use for 100 days and that there will be a rental charge for each day that the article is not available to be borrowed/rented – either at the equipment buy rate or the rate paid by the department to replace the equipment with an external rental.
3. I understand that a student that does not act in accordance to their approved route plan will lose the privilege to borrow/rent equipment for extra curricular use for 100 days.
4. I fully assume all responsibility for repair or replacement of items lost or damaged while in my care.
5. I am aware that I will have to pay the new price for each piece of equipment lost and each piece of equipment damaged will be repaired by the Cegep at my cost.
6. I understand that I cannot hold the professors, technicians or Cegep responsible for any damage or loss of personal equipment or harm arising from the use of the borrowed or rented equipment.
7. I accept to respect the procedures for borrowing and renting the equipment of the Department of Physical Education and Adventure Tourism.

Student name: \_\_\_\_\_

Student signature : \_\_\_\_\_

Date : \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_