

Section reserved for administration

Informations de facturation

# FACTURE :	
Nom de la réservation	
Type, heure d'activité :	
ORGANISATION :	
# Réservation MTA :	

Informations de paiement

Montant, mode paiement:	
Rabais :	
Nbr de personnes :	

Participation Agreement

Between TYROPARC and the participant



Name - Age		Kid(s) (Name-Age):
e-mail		1-
Telephone #		2-
City		3-
Prov/State		4-
Postal Code		5-
Address		6-

Please read carefully and check each statement:

Considering that the participant is requesting to participate in the following TYROPARC activities: aerial adventure courses, zip lines, rappelling, Via Ferrata, and other site activities.

READ and MARK

The undersigned participant declares the following

1	I AM THE ONE and only that may judge if my skills are sufficient to participate to this activity. I AM AWARE that the activity in which I am about to participate is dangerous and the possibility of injury, loss, trauma, or death exists . Risks include, but are not limited to, a fall or other movement (sprain, fracture etc.); injury due to a blunt or sharp object (branches, equipment, etc.); cold, hypothermia; injury resulting from accidental contact or other contact between individuals, risks related to fauna and flora; water contact or drowning; burn or heat induced injuries, food allergies. The full list of inherent risks was provided to you by email when you made your reservation. This list is also available on site.	
2	I WILL follow and comply with each and all instructions given by TYROPARC guides, instructors, or any employees of TYROPARC. I WILL at all times properly wear and use safety equipment provided by TYROPARC. I WILL participate in risk management by adopting a preventative behavior with regards to my own safety, and the safety of the other persons that surround me.	
3	I AM AWARE that the activities offered by TYROPARC take place in natural surroundings that are quite a distance from medical facilities and this might result in long delays during an emergency requiring an evacuation. I GRANT TYROPARC staff the right to perform the necessary first aid, if need be.	
4	I ACCEPT responsibility for any expenses incurred on my behalf or as a result of my actions	
5	I AM IN GOOD PHYSICAL AND MENTAL HEALTH. I have no handicap that may imply a danger inherent to participation and I accept to participate on my own free will. I DECLARE that I am not under the influence of drugs or alcohol and I will not consume them during the activity.	
6	The operator reserves the right to exclude any person he/she deems a risk for him/herself or to the rest of the group. I understand that I may leave the activity for any reason whatsoever without reimbursement.	
7	I GRANT TYROPARC the right to use for sale/publicity any photographs or video in which I appear. I renounce all my rights regarding usage of them and I will not receive any monetary compensation. I also accept to receive communications and promotions from Tyroparc and his partners.	

I acknowledge having read, understood, completed the document and accept the risks inherent in the participation of these activities.

➔ **Please recopy: “I read and understood” on the next line.**

DATE: _____

➔ Participant signature

➔ Signature of Parent/Guardian
If less than 16 years of age

Tyroparc representative signature



Participation Agreement

Between TYROPARC and the participant:

➔ Medical Questionnaire

Please inform us of any medical problems. In case you are several participants on the same form and answer YES to one or more points, please write the initials of the person concerned in the left margin.

Yes	No	
		1-Do you suffer from heart trouble?
		2-Do you frequently have pains in your heart or chest?
		3-Do you often feel faint or have spells of dizziness?
		4-Do you take prescribed medication to control your blood pressure?
		5-Do you have arthritis, other bone, or joint problems?
DO you or HAVE you ever suffered from?		
		Epilepsy?
		Hemophilia?
		Psychiatric problems?
		Serious allergies? SPECIFY:
		Asthma?
		Diabetes?
		Vision problems? (Complete or partial blindness)
		Hearing problems?
		Are you pregnant?
		Have you had surgery in the last six months?
SPECIFY:		
		Is there any medical condition not mentioned here that you are aware of that we should know about to ensure that we provide you with the best possible first aid should the need arise?
SPECIFY:		
	<u>Initial please</u>	I HEREBY certify that the information consigned to this participation agreement is to the best of my knowledge exact and accurate and that I did not deliberately omit any pertinent information.

➔ How did you hear about us? **Check the appropriate box**

I visited the site before		Tuango	
Friend/Family		School	
Brochure		Restaurant	
Our website		Hostel	
Facebook		Newspaper	
Instagram		Magazine	
You Tube		Radio	
Jyvago		TV	
Other Please specify:			

➔ _____
Participant signature

➔ _____
Signature of Parent/Guardian
If less than 16 years of age

➔ _____
Tyroparc representative signature