

Les Randonnées du St-Laurent Inc.
Disclaimer, Waiver of Prosecution and Compensation Form

As a participant on a guided tour by watercraft (sea doo) organized by Les Randonnées du St-Laurent Inc, I, the undersigned, acknowledge and agree to the following terms:

Waiver

Les Randonnées du St-Laurent Inc. (hereinafter referred to as the "Company"), their employees, members, instructors, participants, owners, guides and representatives are not responsible for any injury, damage or loss of any kind sustained by the participant during or following the guided tour by watercraft (sea doo) in any form including but not limited to the negligence of the company.

Description of risks

Considering my participation in this activity, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the operation of a watercraft (sea doo) in a non-navigable area.

These risks include, but are not limited to:

- Risk of physical injuries
- Risk of capsizing the watercraft (sea doo)
- Risk of drowning
- Risk of collision (ex. With other watercrafts, rocks, deck structures, etc.)
- Risk of mechanical malfunction or misuse of any piece of equipment

In addition, I am informed and advised that:

- Injuries sustained in connection with this nautical activity may be severe and even life threatening
- Injuries sustained in the practice of this nautical activity can make me disabled and even permanently paralyzed
- This nautical activity may cause me to experience anxiety, panic attacks or other mental health problems
- The risk of injury increases with fatigue
- Regulations to ensure and increase the level of security for myself and others do exist and must be followed at all times.

Initials _____

Medical discharge

I hereby acknowledge and agree that I, as a participant, may suffer injuries or illness (minor, serious, catastrophic and/or fatal). Therefore, I acknowledge and agree to the risk of physical injuries or illness related to my participation in this nautical activity. In the case of injuries or illness, I authorize Les Randonnées du St-Laurent Inc. to obtain the medical treatment required to my condition and I release and hold Executors of that authority. I understand and agree that I am responsible financially for any costs and invoices related to injuries or illness suffered as a result of my participation in this nautical activity.

Discharge of responsibility

Considering that the company allows me to participate in this nautical activity, I accept:

- To assume all associated risks arising from or related to my participation
- To be solely responsible for any injury, damage or loss suffered, or To come to me by participating;
- To release the company from any liability, loss, damages, judgments, claims, requests, actions, suits and/or costs

Media, Video and Photo Authorization

I understand that the company produces promotional materials related to its events and activities. I authorize the company, its sponsors, designated people, to film, take photos broadcast and use these videos or photos for the creation of promotional products related to this nautical activity.

Name of participant: _____

Date of Birth: _____

Signature of participant: _____

Date: _____