ADVENTURE FRANCOPHONE
TRIP & ACTIVITY CONSENT/RELEASE FORM

TRIP/ACTIVITY NAME: Adventure Francophone winter 2016 program

DESCRIPTION: Ski trip

LOCATION : Mont Tremblant, Québec, Canada

DATE: February 2017

I, (print name) ……I am the parent or legal guardian

of (print name)……., and I give permission for the named student to participate in the trip/activity described above, I have read the information provided by ADVENTURE FRANCOPHONE.

I fully understand that there are risks and inherent dangers involved in a trip/activity of this type. With knowledge of these dangers, I request that the named student be permitted to participate in the trip/activities and accept the risks and dangers to the student.

The named student is in good health and I know of no reason why he/she would be incapable of participating in the trip/activity. I am providing on the authorization to consent to medical treatment to a minor child form, information on any medical conditions, including allergies, any medications currently taken, and the date of the student's most recent tetanus shot. In the event of illness or injury, I authorize Adventure Francophone, and each of its employees, representatives and agents, to take such measures as are available and appropriate in the judgment of the persons taking such measures, and I consent to any emergency medical treatment and care which may be deemed necessary to be rendered, including treatment by a licensed health care practitioner. Adventure Francophone will make reasonable efforts to reach me in the event of an emergency or illness.

I, for myself, the named student, heirs and legal representatives or other who may have or make a claim, release and agree to hold harmless, Adventure Francophone (and its officers, directors, trustees, employees, students, agents, representatives, and its affiliated entities), in their status as agents for Adventure Francophone or individually, hereinafter identified as Adventure Francophone from any and all obligations, responsibilities and liabilities relating to the trip/activity and any and all damages, loss or injuries, (including, but not limited to, personal or property damage, loss or injury), claims, costs and expenses (including, but not limited to, attorneys' fees) directly or indirectly arising out of, relating to, or occasioned wholly or in part by the trip/activity, beyond Adventure Francophone's power to control, and from any and all claims, actions, suits, demands or other proceedings (whether or not on behalf of third parties) related to any of the foregoing, and all assessments, judgments, awards, fines, damages, costs, and expenses incurred in connection therewith. Except that the above propositions shall not be applicable to intentional acts of Adventure Francophone (and its officers, directors, trustees, employees, students, agents, representatives, and its affiliated entities.)

I will inform the named student that he/she is to cooperate with and follow the directions of the persons in charge of the trip/activity and to comply with Adventure Francophone rules, regulations, policies and procedures, and to demonstrate acceptable conduct and behavior. Any act of indiscipline or failure to obey the rules set up by the Adventure Francophone staff for the trip, or any infraction of the laws of the country where the camp is located, will result in the immediate return of participant at the family's expense without any possibility of refund.

I agree my credit card, mentioned on the medical information form, to be charged without further notice to send back home my child in case of major misconduct, to replace lost items and to pay for any damage for which my child would be responsible. The charge will be shared by the occupants of the room if Adventure Francophone's staff cannot determine liability.

PARENT/LEGAL GUARDIAN DECLARATION

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I ASSUME THE AFOREMENTIONED RISKS, AND AGREE TO THE WAIVER OF LIABILITY AND TO HOLD ADVENTURE FRANCOPHONE HARMLESS.

_____ DATE: _____
(SIGNATURE OF PARENT/GUARDIAN)

_____ _____
(PRINT NAME) EMERGENCY TELEPHONE #

PARTICIPANT DECLARATION

I, ……, wish to participate in this trip/activity and I understand and agree that the rules, regulations and standards of conduct will apply to the trip/activity. Any liability