



RECOGNITION AND ACCEPTANCE OF RISKS AND WAIVER OF LIABILITY FORM		
Les Beaux 4 heures Fondation Martin-Matte		
Participant's first name	Last name	
Address	City	Province
Postal code	Phone number	Date of birth
Email address		
Team		

- I acknowledge having read the general rules for the activity at lesbeaux4h.com, having been informed of safety measures and being aware of the risk and possible danger of accidents, bodily injury, death, and damage to and loss of property resulting from my participation in this activity.
- I am the sole and best judge of my skill level to participate in this activity, and I am responsible for and accept said risks and dangers to which I voluntarily and knowingly expose myself.
- I understand that the activity is participative and not competitive.
- I recognize that a helmet is mandatory.
- I am in good physical and mental health and do not suffer from any disability or physical condition that could be a danger for my participation in the activity, in which I voluntarily agree to participate.
- Accordingly, I release from any liability **Les Sommets** and its subsidiaries, the **Fondation Martin-Matte** and the sponsors of this activity, and I waive any present or future claim against them, their insurers as well as their directors, officers, employees, volunteers, agents and representatives and exempt them from any liability resulting from any loss, damage, bodily injury or expense incurred following my use of the facilities or my presence at the activity site.

Since I am under 16 years of age, I have attached the written permission of a parent/legal guardian.

I hereby attest that as the parent/legal guardian of the above minor participant, I acknowledge and consent that he or she agrees to be bound by the terms of this document.

Signature of the parent or legal guardian _____

Date: _____

Name of the parent or legal guardian in block letters: _____