

Registration form

Name
Family name
Sex M
Date de naissance YYYY / MM / DD / W
Med Ins Number
Email
Phone Number
Address

Health status (If yes, specify)	Yes / No
Symptom of Covid-19	<input type="checkbox"/> / <input type="checkbox"/>
Allergy	<input type="checkbox"/> / <input type="checkbox"/>
Medicaments	<input type="checkbox"/> / <input type="checkbox"/>
If yes, dosage and frequency	
Diabetes	<input type="checkbox"/> / <input type="checkbox"/>
Pregnant	<input type="checkbox"/> / <input type="checkbox"/>
Headache	<input type="checkbox"/> / <input type="checkbox"/>
Glasses	<input type="checkbox"/> / <input type="checkbox"/>
Deafness	<input type="checkbox"/> / <input type="checkbox"/>
Cardiac problem	<input type="checkbox"/> / <input type="checkbox"/>
Respiratory problem	<input type="checkbox"/> / <input type="checkbox"/>
Muscular or articulation problem	<input type="checkbox"/> / <input type="checkbox"/>
Articulation problem	<input type="checkbox"/> / <input type="checkbox"/>
Others healthiness particularities	<input type="checkbox"/> / <input type="checkbox"/>

Finally, if you have answered YES to any of the questions in the health status, YOU HAVE TO NOTIFY THE GUIDE BEFOREHAND.

Initial
Parent or tutor initial (if under 16 years old)

I hereby certify that the information consigned to this Registration Card is, to the best of my knowledge, exact and accurate. I further certify that no information pertinent or not to my health profile was deliberately omitted. I am aware that the information contained in this Registration Card is confidential and will be used to better plan and supervise the safety of the activities in which I will participate and will allow ChamoX to draw up a profile of its clientele.

Acknowledgement and assumption of risks

The risks inherent to the activity (Tyrolean, Rock and Ice Climbing) in which I will participate are, in particular, but not limited to:

- Covid-19 contamination
- Injuries due to falls or other movements, (sprain, strain, fracture, etc.);

- Injuries with blunt or sharp object (branches, material, rock, ice, etc.);
- Cold or hypothermia;
- Injuries resulting from accidental or other contact between individuals;
- Food allergy;
- Contact with water or drowning (during water activities or near a watercourse);
- Burns and/or other heat induced injuries.
- Avalanche, falling rock, ice or others objects.

I am also aware that the activities offered by name of business take place in semi-wild or natural environments that, consequently, are quite distant from medical services. This state of affairs could result in long delays during an emergency requiring an evacuation and, as such, a possible aggravation of my state of health or my injury.

Having taken notice of these risks and having had the opportunity to discuss them with a person responsible for the activity, I acknowledge that I was informed about the risks inherent to the activities and I am able to participate in the activity or the stay **willingly and I accept any and all risks that** such an activity or stay can comprise.

I also pledge to play an active role in risk management by adopting a preventive behavior with regards to my own safety, and the safety of the other persons that surround me. The guide reserves the right to exclude any person he/she deems to be a risk to himself/herself or to the rest of the group.

I understand that I may leave the present activity for any reason whatsoever.

I am also informed about the alcohol and drug policy during the ChamoX activities. The upper limit is 0,08 % for alcohol and 0 % for the drug.

Initial
Parent or tutor initial (if under 16 years old)

Authorization for intervention in an emergency

I, undersigned, authorize ChamoX to provide all necessary care. I also authorize ChamoX to take decision in case of an accident to transport me (by ambulance, helicopter, coast guard or other) to a hospital or health care center, and this, at my own expense.

Initial
Parent or tutor initial (if under 16 years old)

Material liability waiver

I, undersigned, forego to any claim, proceeding in damage or interest for damages to assets and material of my belonging (attrition, loss, breakage, theft, vandalism).

I, undersigned, commit to indemnify ChamoX for loss, breakage, theft or vandalism caused to the equipment entrusted to me or leased during the activity.

This excludes the normal wear and tear of equipment.

Name
Signature
Parent or tutor signature (if under 16 years old)
Date