



RISK ACKNOWLEDGEMENT FORM
CASTELLERS DE MONTREAL
 (CERCLE CULTUREL CATALAN DU QUÉBEC)



1) IDENTIFICATION OF PARTICIPANT (printed)

Name _____ Date of Birth _____ D _____ M _____ Y _____

Parent (if < 18) _____ Weight* _____ Kg Lb Height _____ M Ft

Email _____ Phone _____

In case of emergency: *Name* _____ *Phone* _____

* optional

2) STATE OF HEALTH

Are you pregnant? No Yes _____ months.

Do you have allergies? No Yes (specify) _____

Do you have any physical, emotional or behavioural problems that might directly or indirectly limit your participation or put you at risk in the creation of *castells* (human castles)? This could include respiratory, heart or vision problems, diabetes, deafness, fear of heights, claustrophobia, movement restrictions, etc.

No Yes (specify) _____

If you answered “yes” to any of the prior questions in section 2, YOU MUST MEET WITH THE PERSON(S) IN CHARGE of the Castellers de Montréal (Cercle culturel catalan) to inform them.

After having conferred with a person in charge of the Castellers de Montréal (Cercle culturel catalan), I accept the additional risk presented by my condition that may cause my health to worsen.

Initials (printed) _____ Parent's initials (if < 18, printed) _____

3) RISKS INHERENT IN THE ACTIVITY AND RESPONSIBILITY

I acknowledge having been informed of the risks inherent in the usual activities of the Castellers de Montréal (Cercle culturel catalan). The risks associated with the creation of *castells* (human castles), in which I will participate, include but are not limited to:

- injuries or disability caused by falls or other movements (sprains, fractures, neurological injuries, etc.);
- injuries or disability caused by accidental physical contact with other participants or spectators;
- injuries, illness, disability or other issues caused by heat, physical proximity or restriction of movement;
- death for any of the aforementioned reasons.

In order to limit the occurrence of such risks, I agree to consult the *Health and Safety Guide* produced by the Castellers de Montréal (Cercle culturel catalan). I also agree to refrain from participating in an activity of the Castellers de Montréal (Cercle culturel catalan) if I have or suspect that I have a serious contagious disease, in particular a disease of the respiratory system.

Initials (printed) _____ Parent's initials (if < 18, printed) _____

4) AUTHORIZATION TO INTERVENE IN THE EVENT OF AN EMERGENCY

I, the undersigned (section 6), authorize the Castellers de Montréal (Cercle culturel catalan) to administer any first aid which may prove necessary to the best of their knowledge. I also authorize the Castellers de Montréal (Cercle culturel catalan du Québec) to make the decision, in the event of an accident, to transport me by ambulance to a hospital or clinic entirely at my expense, if applicable.

Initials (printed) _____ Parent's initials (if < 18, printed) _____

5) WAIVER OF FINANCIAL RESPONSIBILITY

I, the undersigned (section 6), hereby waive all claims or legal action for damage to goods or property in my possession (normal wear, loss, breakage, theft, vandalism, etc.) occurring in the context of a Castellers de Montréal activity.

Initials (printed) _____ Parent's initials (if < 18, printed) _____

6) CONFIRMATION OF INFORMATION AND RISK ACCEPTANCE

I am aware that the activities of the Castellers de Montréal (Cercle culturel catalan) take place in varying environments which may be located far from medical services. In the event of an emergency requiring evacuation, this may result in delays which may cause my condition or injury to worsen.

Having been informed of the risks and having had the opportunity to discuss them with a person in charge of the activity, I certify that I have been informed of the risks inherent in the activity of the Castellers de Montréal (Cercle culturel catalan), that I am able to take part in the activity in a fully informed manner, and that I accept the risks that the activity may involve. I also agree to play an active role in managing these risks by adopting a preventive attitude with respect to both myself and those around me. If I experience physical, emotional or mental difficulties, I will withdraw from participation as soon as it is safe to do so and inform the person(s) in charge. The person(s) in charge reserve the right to exclude any person whom they believe to pose a risk to him- or herself or to the rest of the group. I understand that I have the option of withdrawing from an activity or of leaving the group for whatever reason.

I certify that the information provided on this form is correct to the best of my knowledge, and that I have not deliberately omitted information on the state of my health, whether relevant or not. I am aware that the information contained in this form is confidential and intended to help plan and ensure the safety of the activities in which I will participate.

Name (printed) _____

Signature _____ Date D M Y _____

Parent (if < 18) Name (printed) _____

Signature _____ Date D M Y _____

7) AUTHORIZATION TO USE AND PUBLISH PERSONAL IMAGES

The Castellers de Montréal (Cercle culturel catalan du Québec) sometimes use photographs or video footage of members of the group, recorded in the context of a group activity, for the specific purposes of publication in printed or electronic documents, pamphlets, promotional tools, websites and other similar documents.

I, the undersigned, [authorize] [~~do not authorize~~] the use of such images, in perpetuity and exclusively in a professional context.

Name (printed) _____

(one parent if < 18, two parents if < 13)

Signature _____ Date D M Y _____