

## Chocpaw Expeditions – Dog Sledding Information Package

### Assumption of Risk and Responsibility

In consideration of **CHOCPAW EXPEDITIONS** accepting my registration for the Dogsledding course and/or Dogsledding experience, I, \_\_\_\_\_  
declare that: (Print name)

1. I am in good health. I have not recently been treated for nor am I aware of, any condition that would jeopardize my health or prevent my full participation while on the course. If I have any medical condition(s) which may be aggravated by physical exertion, I will make these known to CHOCPAW EXPEDITIONS representative(s) and will exercise appropriate caution while taking part in the activities.
2. I understand and accept as my personal responsibility the risks of participating in strenuous dog sledding activities, and camping activities during the course/trip. If there are risks that I do not understand or am unwilling to accept without clarification, I will discuss these with CHOCPAW EXPEDITIONS' representative(s) either before or during the course. I have the option of refusing to take part in an activity that I feel will expose me to undue risk.
3. I agree to abide by the rules/regulations/decisions of the facility operator(s) and CHOCPAW EXPEDITIONS representatives(s) in matters of safety.
4. I acknowledge that while on the course/trip, it is my responsibility to obtain appropriate insurance coverage for myself and my property.
5. In case of an emergency, I authorize the CHOCPAW EXPEDITIONS representative(s) or designate to administer or obtain appropriate first aid and/or medical treatment should I not be in a condition to make such a decision. Care will be relinquished to responsible family and/or appropriate medical personnel.

Having read and understood the terms of the "Assumption of Risk and Responsibility" document and having had an opportunity to discuss any questions and/or reservations with a representative of CHOCPAW EXPEDITIONS, I am voluntarily signing this AGREEMENT to PARTICIPATE in programs & activities of CHOCPAW EXPEDITIONS in which I have voluntarily enrolled. I am aware that certain activities will be physically demanding & that I must be in good health and reasonably fit. If at any time I question my ability I may withdraw from any activity by so advising the group leader before participating. Further, I am aware most activities will be conducted in the outdoors with travel in the wilderness in all kinds of weather and there will be dangers and hazards which cannot be foreseen. These include without limitation, upset or collision while on a dog sled, slipping or falling on a trail, loss of direction, cuts, sprains, fractures, or other injuries, entanglement in ropes or chains, dog bites, exposure to temperature extremes or inclement weather, as well as complications due to inaccessibility of medical facilities. I acknowledge they may result in loss or damage to personal property and injury or fatality to the person. I hereby release and forever discharge CHOCPAW EXPEDITIONS, its directors, officers, agents, servants,

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and employees and their successors, heirs, and assigns from any liability of claim for damages or loss of any nature including delays, personal injury, death, or loss of personal property, howsoever caused, whether by negligence, act of God, equipment failure, or any act of nature, incurred during, or as a result of my participation in a dog sledding experience, and declare this release binding upon myself, my heirs, executors, administrators, and assigns. Any disputes or claims arising out of the relationship between the releaser and releasees shall be determined according to the law of the Province of Ontario, Canada and shall be adjudicated upon within Ontario, Canada.

I further agree to abide by the rules of the program as outlined by the group/expedition leader and acknowledge that if I do not, I may be barred from further participation.

Signature	Date
Print Name	
Witness Signature	Date
Print Name	
<b>Signature of Parent or Guardian if Under the Age of 18 Years</b>	
Signature	Date
Print Name	Relationship

I agree that all pictures or videos taken of me while involved in this experience may be used in promotions/displays/web applications, and may be used in media productions.

Signature	Date
Print Name	
<b>Signature of Parent or Guardian if Under the Age of 18 Years</b>	
Signature	Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if participant is under the age of 18:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Please Return to Chocpaw Expeditions When Completed</b>
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