



Association québécoise de voile adaptée (AQVA)

Siège social : 2025 rue Quesnel, suite 35, Montréal, H3J 2K9 - info@aqvaqc.com

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INFORMED CONSENT AGREEMENT

Thank you for choosing to use the services of the Quebec Adapted Sailing Association (Association québécoise de voile adaptée). We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT.

I, _____, declare that I intend to use the activities,
NAME - PRINT CLEARLY

facilities, programs and services offered by **Association québécoise de voile adaptée** and the **Pointe Claire Yacht Club**. I understand that each person has different capacities for participating in such activities, programs and services. I am aware that all such activities, programs and services offered are educational, recreational or self-directed in nature. I assume full responsibility during and after participation for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I understand that I am free to withdraw from, reduce or modify my involvement in any program or activity and I realize that I should do so upon recognition of any signs of lightheadedness, faintness, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, services and programs offered by **Association québécoise de voile adaptée** are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

SIGNATURE

DATE

WITNESS

DATE