

DECLARATION OF FITNESS TO SNOWMOBILE/ATV

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Snowmobile/ATV activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis, and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if any injury is sustained of any kind during the course of Snowmobile/ATV activities, I will notify the Guide of the Snowmobile tour/ATV tour immediately and before disembarking from the unit.

I have read the above Declarations, understand them, and I agree to be bound by them.

S/ _____
Signature of Adult Participant Name of Adult Participant (please print) Date

_____ _____
Address of Adult Participant Contact No#

S/ _____
Signature of Parent or Guardian if Participant is a Name of Parent or Guardian (Please Print) Date
Minor, and by their Signature, they on my behalf
release all claims that both they and I have.

_____ _____
Address of Parent or Guardian Contact No#

_____ _____
Name of Minor (Please Print) Date

If you cannot sign the above declaration because of any of the above Conditions, you must
notify the Guide immediately before you leave the boarding site or board the Snowmobile/ATV

Attention of the Authorised Insured Only (Counter sign upon full and correct completion)

S/ _____
Counter-signature of Authorised Insured Name of Authorised Insured (Please Print) Date