



LaRoccaXC

École de vélo de montagne Mountain Bike School

EST.1997

How to reach us

Tel.: 819.456.2786

info@mountainbikeschool.ca

327 route Principale, Val-des-Monts, QC J8N 4B7

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

☐ PRIVATE | GROUP | FAMILY | COACHING:

☐ 2025 ROCK PAPER SCISSOR CAMP (age 7 to 12) & Leadership (13+)

1st week \$385 + taxes (\$442.65) 2nd week 10% off + taxes (\$397.24)

☐ RPS#1 July 7-July 11

☐ RPS#2 July 14-18

☐ RPS#3 July 21-25

☐ RPS#4 August 11-15

No camp the week of

August 4th to 8th 2025

RPS FAMILY DAYS

Friday from 2 pm to 4 pm

Free daycare time

8:00 am to 9:00 am

4:00 pm to 5:00 pm

Camp time

9:00 am to 4:00 pm

☐ 2025 AGE 14+ IRONWOOD TRAIL BUILDERS CLUB

\$450 + taxes (\$517.39) May 2-4 and May 16-18

Name:

Tel.#

All fees are non-refundable, except with a medical certificate.

We need your help in operating a **FUN, SAFE** and **UNIQUE** outdoor **EXPERIENCE** for **ALL**. (PAR-Q)
INFORM US on your child's concerns (past injuries, performance anxiety, learning disabilities, etc.)

CASE OF UNDUE HARDSHIP: We are unable to accommodate clients suffering from **insects stings allergies**.

Note:

Email:

Tel. Home:

Cel.:

Work:

ext.:

EMERGENCY

Contact #1:

Tel. Home:

Relationship:

Cel.:

Contact #2:

Tel. Home:

Relationship:

Cel.:

METHOD OF PAYMENT

☐ CHEQUE(S)

☐ CASH

☐ E-TRANSFER at: creativewheel@bell.net

Password: MOUNTAIN *all capital

WAIVER, INDEMNITY AND CONSENT 2023-2027



LaRoccaXC
École de vélo de montagne
Mountain Bike School
— EST. 1997 —
EDUCATION | CONSERVATION | RECREATION



Name of participants : No 1.
No 3.

No 2.
No 4.

IN AN EMERGENCY CONTACT

TELEPHONE NUMBER

PERSONAL HEALTH CONCERNS

- ☐ I am aware that Creative Wheel Consulting Inc. is not able to accommodate clients suffering from **any insects stings allergies** since it represents a case of **undue hardship** for the company.
- ☐ I am aware that all outdoor activities practised in the Amik Forest Gym, in particular mountain biking, involves the **possibility of injury, severe injury or death**. I accept these risks, and all others arising from these events and programs, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Creative Wheel Consulting Inc./ LaRoccaXC Mountain Bike School events and programs I may be involved in, the venues at which these events and programs takes place or by those organizing, officiating, or participating in these events and programs throughout the year, including their respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").
- ☐ I understand that all applicable rules for participation provided by Creative Wheel Consulting Inc. must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including **my physical and emotional preparation and fitness level**.
- ☐ I agree to remove myself from participation if I sense or observe any unusual hazard or unsafe conditions OR if I feel unable or unfit to safely continue for any reason.
- ☐ I give full release and waiver of liability and all claims that I have, or may have in the future, against Creative Wheel Consulting Inc., and all other Releasees from all liability for any loss damage, injury or expense that I may suffer as a result of my participation in or parts of events or programs.
- ☐ I agree not to sue and I further agree to indemnify and save harmless the releasees from all expenses, fees, liability or damage award or cost of any type whatsoever.

YES ! I AM PARA - Preventing Accidents by being Response-able and Accountable.

In case of an emergency: Call **911** (327 route #307, Val-des-Monts) or 1st responder on site.

☐ ABC (air, brakes, chain) ☐ helmet/gloves ☐ bike fit/pedals ☐ snack/food/H2O ☐ first aid/tools

NOTICE OF TIME LIMITS FOR PROVIDING FIRST AID AND EMERGENCY RESPONSE.

In the event of an accident, resources will be deployed as quickly as possible taking into account changing temperature conditions, distances to cover, road traffic. We can't guarantee the deadlines for the delivery of any emergency intervention.

I have read and understand the risk. ☐ initials Permission to use pictures of me on social media ☐ ☐
yes no

Add to your mailing list ☐ ☐
yes no

Name

Signature _____

(Parental consent for minor participant & indemnity agreement)