

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

Do you plan to take part in or, in the last 2 years, have you taken part in indoor or outdoor climbing? Yes No

1 Which of the following disciplines do you practise?
 Alpine climbing Rock climbing Trail hiking
 Indoor climbing Ice climbing Trekking Other: _____

2 Since when have you practised these disciplines?

Year
Month

3 How often do you practise these disciplines? _____

4 Describe any training and certifications as well as the level or qualifications attained: _____

5 Do you practise solo or night climbing? Yes No
If so, specify. _____

6 Are you a member of a club or an association dedicated to practising these disciplines? Yes No
If so, specify. _____

7 Complete the table below with regard to practising these disciplines for the last 2 years and for the next 2 years.

Location (region)	Date		Average altitude or height	Maximum altitude or height
	Year	Month		
_____	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	_____	_____
_____	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	_____	_____
_____	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	_____	_____
_____	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	_____	_____

8 Have you definitively ceased participation in this sport? Yes No

9 Date last practised:

Year
Month

10 When practising these disciplines have you had one or more accidents? Yes No

If so, specify the date, circumstances, after-effects, etc.: _____

11 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____ .

X _____ X _____
Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces. Signature of witness