

<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 hazardous sports? Yes No

1 Specify the sport practised: _____

2 When did you start practising this sport?

Year
Month

3 Are you a member of a club? Yes No **If so**, since when?

Year
Month

4 Capacity in which you practise this sport: Amateur Professional

5 Do you make record attempts? Yes No

6 Date of last practised:

Year
Month

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

8 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 .

<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
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