



# Canadian Association of Disabled Skiing – Alberta (CADS – Alberta)

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This form must be completed by all participants of the Canadian Association of Disabled Skiing - Alberta programs. Please fill in the blank lines and check off the appropriate boxes. Return this form along with the appropriate fees to address above.

Surname:		First Name:	
Address:			
City:		Postal Code:	
Phone: (HOME)		(WORK)	
		Fax:	
E-mail:			
<b>Membership Details:</b>			
Date of Birth (m/d/y):     /     /		<input type="checkbox"/> Male <input type="checkbox"/> Female:	
		Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Disability: (SEE CODES)		Involvement: (SEE CODES)	
		Program: (SEE CODES)	
<b>Membership Fees: (Single \$40.00)</b> <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal with information change			
Signature:		Date:	

CODES	DISABILITY	INVOLVEMENT	PROGRAM
	01 Amputee - AMP AK	08 Cerebral Palsy	15 Leukemia
02 Amputee - AMP BK	09 Head Injury	16 Learning Disabled	02 Instructor
03 Amputee Arm	10 Schizophrenia	17 Multiple Sclerosis	03 Racer
04 VIP	11 Heart Problems	18 Multi	04 General Member
05 Deaf	12 Side Weakness	19 Friedre Ataxia	05 Provincial Board
06 Para	13 Spina Bifida	20 Epileptic	06 Calgary Committee
07 MH	14 Quad	21 Other	07 Edmonton Committee
			08 Coach
			09 Supervisor
			A Alpine
			SS Sit Ski
			4T 4-track
			3T 3-track
			S Snowboarding

## CADS – Alberta Photo Release Form

PARTICIPANT'S NAME: (Please print) \_\_\_\_\_ the undersigned, being the participants identified above, and if said participant is under the age of 19 years, the parent or legal guardian, does in consideration of the permission extended to said participants to participate in the CADS – Alberta Learn to Ski Program give full permission to use any photographs or movies of said participant taken during the program season of the Canadian Association for Disabled Skiing – Alberta.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN: **X** \_\_\_\_\_

DATE: \_\_\_\_\_

# RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY.

**TO:** Canadian Association for Disabled Skiing, Canadian Association for Disabled–Alberta, and to Canadian Snowsport Association.

## DEFINITIONS:

In this Agreement:

- a) The terms 'Releasees' shall include (Canadian Association for Disabled Skiing, Canadian Association for Disabled Skiing – Alberta, Canadian Snowsports Association and their respective directors, officers, employees, agents and volunteers.

## ASSUMPTION OF RISKS

I am aware that participation in Adaptive Alpine Skiing and Snowboarding involves many risks, dangers and hazards including, but not limited to: boarding, riding and disembarking ski lifts; changing weather conditions; avalanches; exposed rock, earth, ice, and other natural objects; trees, tree wells, tree stumps, forest dead fall; the condition of snow or ice on or beneath the skiing surface; changes or variations in the skiing terrain which may create blind spots or areas of reduced visibility; changes or variations in the skiing surface or sub-surface, including changes due to man-made or artificial snow; variable and difficult snow conditions; streams, creeks and exposed holes in the snow pack above streams or creeks; cliffs, crevasses; snowcat roads, road banks; impact or collision with lift towers, fences, snow making equipment, snow grooming equipment, snowcats, snowmobiles or other vehicles, equipment or structures; objects or equipment used in connection with skiing or ski-racing, impact or collision with other skiers, racers, spectators, participants, competitors, course officials; the failure to ski safely or within one's own ability or within designated areas; negligence of other skiers; and **NEGLIGENCE ON THE PART OF THE RELEASEES. I AM ALSO AWARE THAT THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE EXIST THROUGHOUT THE SKI AREA AND THAT MANY ARE UNMARKED.**

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THIS EVENT AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM.**

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of THE RELEASEES accepting my application to participate in this Event and permitting my use of the property, ski lifts, ski runs and trails, snowboard and terrain parks, race courses and other facilities (hereinafter referred to as "the skiing facilities"), and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES, and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING AND DUTY OF CARE OWED UNDER THE **OCCUPIERS' LIABILITY ACT** R.S.A.1980, C-0-3, AND **OCCUPIERS' LIABILITY ACT**, R.S.B.C. 1996, C337 ON THE PART OF THE RELEASEES, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE EVENT REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in this EVENT;
3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death;
4. That this Agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta or the Province of British Columbia; and
5. That any litigation involving the parties of this Agreement shall be brought within the Province of Alberta or the Province of British Columbia.

In entering into this Agreement I am not relying on any oral or written representation or statements made by the Releasees with respect to the safety of this Event, other than what is set forth in this Agreement.

**I CONFIRM THAT I HAVE AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

SIGNATURE OF PARTICIPANT: X

SIGNATURE OF PARENT / GUARDIAN\*: X

NAME (PLEASE PRINT CLEARLY): \_\_\_\_\_

WITNESS: \_\_\_\_\_

THIS AGREEMENT MUST BE COMPLETED IN FULL, INITIALED, DATED, SIGNED AND WITNESSED BY US PRIOR TO PARTICIPATION.

\*If participant under 18 in Alberta / 19 in British Columbia.

**CADS – Alberta is committed to protecting your privacy. As such, CADS – Alberta has developed and implemented a Privacy Policy to protect your personal information. For details please contact [www.cadsalberta.ca](http://www.cadsalberta.ca), [privacy@cadsalberta.ca](mailto:privacy@cadsalberta.ca) or (780) 427.8104.**

### FOR OFFICE USE ONLY:

Method of Payment:  CASH » Amount

CHEQUE » Amount

Received by:

Date:

Cheque Written by:

Membership Card Issued:  YES  NO