2023-2024



ALPINE CANADA ALPIN

PARTICIPANT REGISTRATION FORM

Date

| Personal Info | ormation | | | | | | | | |
|---|---|--|---------------------------------------|---|--|--|-------------------|------|--|
| Title | | Last Name | | | | First Name | | | |
| Address | | | | | | | | | |
| City | | | |] P | ostal Code | | | | |
| Province | | | |] | Country | | | | |
| Phone | | | |] | Email | | | | |
| Date of Birth | (DD/MM/YYYY) | | |] | Preffered L | anguage | | | |
| Demographic Information | | | | | | | | | |
| Do you identify as a l (Black, Indigenous or | | | | Which gender do most identify with | | | | | |
| Do you identify as a r LGBTQ2SII+ commun | | | | | | | | | |
| Minors Parer | nt/Guardia | n Details | | 4 | | | | | |
| Last Name | | | | J | First Name | | | | |
| Phone | | | |] | Email | | | | |
| | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | |
| Relationship | to Participa | nt | | | | | | | |
| Title | | Last Name | | | | First Name | | | |
| Phone | | | |] | Email | | | | |
| | | | | 4 | - | | | | |
| Registration Details | | | | | | | | | |
| PTSO | Alpine No | ova Scotia | 1 | Club | MSRC | | | | |
| Discipline | □ Alpine □ Para - Alpine □ Ski Cross **Multiple can be selected if applicable | | | | | | | | |
| For competiti | ion purpose | s, please select | one of the | following: | N/A | | | | |
| If you identify as a competitor, please select which classification you'd like to compete in: N/A | | | | | | | | | |
| Assigned sex at birth N/A | | | | | | | | | |
| Membershi | ір Туре | | | | | | | | |
| Non-Competitive | | | Con | | Competitiv | e | National | | |
| | | | | | ** National license mandatory to hold in | | | | |
| International | | | | | | IPC Para-Alpin | ie | | |
| ** <u>ALL</u> international I agree to completing | licensed competito g a full physical and | ors are required to und I recieving clearance fo | lergo a thorough r competition wit | evaluation of their th my medical prac | medical health prio tioner prior to FIS o | r to competition. or IPC competition comm | nencement□ YES | □ NO | |
| | | <u>NOT</u> provided, an inte nimum SAIP Insurance | | | . Medical clearance | letters MUST be kept or | n file with PTSO. | | |
| SAIP Insurance | ce | | | | | | | | |
| ** Additional SAIP | insurance prog | rams may be availab | | | | | IDC Dara Alain- | | |
| National Card FIS Alpine FIS Ski Cross FIS Masters IPC Para-Alpine Returning Competitors License Numbers | | | | | | | | | |
| Other Information | | | | | | | | | |
| Never miss an update! Sign up at alpinecanada.org for news, team updates, race results, offers and special event invites Or, follow the teams via our social media platforms @alpinecanada or #CANSKITEAM | | | | | | | nt invites | | |
| | | icable documents MUS icipating in sanctioned | | | | | vity at risk. | | |

For further information on registration details, please connect with your club/PTSO or visit Alpine Canada's website, www.alpinecanada.org

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

(hereinafter referred to as the "Release Agreement")

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,

INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL

TO: Alpine Canada Alpin (ACA), and their directors, officers, employees, coaches, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the "Releasees").

ASSUMPTION OF RISKS

I am aware that ski racing and training involve 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 and forest deadfall; the condition of snow or ice on or beneath the surface; variations in the terrain which may create blind spots or areas of reduced visibility; variations in the surface or sub-surface, including changes due to man-made or artificial snow; variable and difficult conditions; streams, creeks, and exposed holes in the snow pack above streams or creeks; cliffs; crevasses; snowcat roads, road-banks or cut-banks; collision with lift towers, fences, snow making equipment, snow grooming equipment, snowcats, snowmobiles or other vehicles, equipment or structures; encounters with domestic and wild animals including dogs and bears; collision with other persons; loss of balance or control; slips, trips and falls; accidents during snow school lessons; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact; negligent first aid; failure to act safely or within one's own ability or to stay within designated areas; negligence of other persons; and NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS REFERED TO ABOVE. I am also aware that the risks, dangers and hazards referred to above exist throughout and beyond the ski area and that many hazards are unmarked.

I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees accepting my application for membership and permitting my participation in the various ski racing programs that fallunder ACA, I hereby agree as follows:

- I. 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 in any activities, programs, training or DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED ON THE PART OF THE RELEASEES. IUNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE RELEASEES TO TAKE REASONABLESTEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.
- To hold harmless and indemnify the releasees from any and all liability for any damage to property of or personal injury to any third party,
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the members home province and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within Canada and shall be within the exclusive jurisdiction of the Canadian Courts.

In addition to the above, I authorize ACA and the PTSO and/or my registered club to use my photograph, image and likeness ("my image") in all forms and manner including but not limited to, publication on internet websites, broadcast, and any other publications as released to or by ACA, the PTSO or club for the promotion of skiing.

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

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAINLEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

| Signature | | | | | | | |
|------------------------|---|--|--|--|--|--|--|
| Participant Name: | Parent or Guardian Name: | | | | | | |
| Participant Signature: | Signature of Parent or Guardian if participant is under age of majorit | | | | | | |
| Witness Signature: | DATE: | | | | | | |