



Canadian Association of Disabled Skiing – Alberta (CADS – 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: (hm)	(wk)	Fax:	
E-mail:			
Membership Details:			
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):	
Membership Fees: (Single \$40.00) <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	01 Student	07 Edmonton Committee	A Alpine			
	02 Amputee - AMP BK	09 Head Injury	16 Learning Disabled	02 Instructor	08 Coach	XC Cross Country			
	03 Amputee Arm	10 Schizophrenia	17 Multiple Sclerosis	03 Racer	09 Supervisor	WS Water Ski			
	04 VIP	11 Heart Problems	18 Multi	04 General Member		M Mono Ski			
	05 Deaf	12 Side Weakness	19 Friedre Ataxia	05 Provincial Board		S Snowboarding			
	06 Para	13 Spina Bifida	20 Epileptic	06 Calgary Committee					
07 MH	14 Quad	21 Other							

RELEASE Canadian Association for Disabled Skiing – Alberta (CADS – Alberta)

THIS RELEASE MAY AFFECT YOUR RIGHTS, PLEASE READ IT CAREFULLY, OR IN THE CASE OF THE VISUALLY IMPAIRED, HAVE IT READ TO YOU. No application for membership will be accepted unless executed by the applicant or their parent/legal guardian.

In consideration of the CADS - Alberta accepting this, my application and membership, I hereby waive and release any and all claims for damage (whether for personal injury, death, illness, property damage or personal loss), including claims for negligence, both for myself and my heirs, executors, legal representatives, successors and assigns which I may have as a consequence of my involvement in any activity organized by CADS - Alberta or the Canadian Association for Disabled Skiing. In particular, but without restricting the generality of the foregoing, I hereby release from all liability and agree to indemnify and save harmless from all liability, the following: the CADS - Alberta, the Canadian Association for Disabled Skiing, the executives, directors and members of the committees, the instructors, the volunteers, sponsors and their respective employees, agents; and any other participants in any activity organized by CADS - Alberta or the Canadian Association for Disabled Skiing, and their volunteers.

I acknowledge that skiing is a sport with inherent risks (both known and unknown), and in signing this release form it is my intention to accept those risks, and all the consequences thereof, for myself alone. The terms of this release are severable from one another, and the invalidity of any one or more clauses in this release shall not affect the validity of the other clauses.

I ACKNOWLEDGE THAT I HAVE READ, OR HAVE HAD READ TO ME, THIS RELEASE IN ITS ENTIRETY, THAT I UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS AND I AM SIGNING IT VOLUNTARILY AND WITHOUT DURESS OR UNDUE INFLUENCE FROM ANYONE.

(Signature Applicant or Legal Guardian)

Date

(Please print name)

MUST BE COMPLETED BY PARENT OF LEGAL GUARDIAN

I, the parent or legal guardian of the above named child, hereby give my approval to his/her participation in any and all activities of CADS - Alberta and the Canadian Association of Disabled Skiing. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities with respect to his/her participation in these activities. I do further hereby release, absolve, indemnify and hold blameless the Directors and sponsors, and the supervisors, instructors, volunteers of CADS - Alberta and the Canadian Association for Disabled Skiing.

(Signature Parent or Legal Guardian)

Date

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, privacy@cadsalberta.ca or 780-427-8104.

FOR OFFICE USE ONLY:		
Method of Payment:	<input type="checkbox"/> CASH » Amount	<input type="checkbox"/> CHEQUE » Amount
Received by:	Date:	Cheque Written by:
Membership Card Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO		