

# 2023-2024 ALPINE CANADA ALPIN



## PARTICIPANT REGISTRATION FORM

Date \_\_\_\_\_

### Personal Information

|                            |                      |                    |                      |            |                      |
|----------------------------|----------------------|--------------------|----------------------|------------|----------------------|
| Title                      | <input type="text"/> | Last Name          | <input type="text"/> | First Name | <input type="text"/> |
| Address                    | <input type="text"/> |                    |                      |            |                      |
| City                       | <input type="text"/> | Postal Code        | <input type="text"/> |            |                      |
| Province                   | <input type="text"/> | Country            | <input type="text"/> |            |                      |
| Phone                      | <input type="text"/> | Email              | <input type="text"/> |            |                      |
| Date of Birth (DD/MM/YYYY) | <input type="text"/> | Preferred Language | <input type="text"/> |            |                      |

### Demographic Information

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| Do you identify as a BIPOC Individual?<br>(Black, Indigenous or person of colour?) | <input type="text"/> | Which gender do you<br>most identify with? | <input type="text"/> |
| Do you identify as a member of the<br>LGBTQ2SII+ community?                        | <input type="text"/> |  |                      |

### Minors Parent/Guardian Details

|           |                      |            |                      |
|-----------|----------------------|------------|----------------------|
| Last Name | <input type="text"/> | First Name | <input type="text"/> |
| Phone     | <input type="text"/> | Email      | <input type="text"/> |

### Emergency Contact Information

|                             |                      |           |                      |            |                      |
|-----------------------------|----------------------|-----------|----------------------|------------|----------------------|
| Relationship to Participant | <input type="text"/> |           |                      |            |                      |
| Title                       | <input type="text"/> | Last Name | <input type="text"/> | First Name | <input type="text"/> |
| Phone                       | <input type="text"/> | Email     | <input type="text"/> |            |                      |

### Registration Details

|  |  |                      |                      |
|--|--|----------------------|----------------------|
| PTSO   | <input type="text"/>   | Club                 | <input type="text"/> |
| Discipline   | <input type="checkbox"/> Alpine <input type="checkbox"/> Para - Alpine <input type="checkbox"/> Ski Cross  |                      |                      |
| For competition purposes, please select one of the following:  |  | <input type="text"/> |                      |
| If you identify as a competitor, please select which classification you'd like to compete in:  |  | <input type="text"/> |                      |
| Assigned sex at birth  | <input type="text"/>   |                      |                      |
| Membership Type  |  |                      |                      |
| Non-Competitive  | <input type="text"/>   | Competitive          | <input type="text"/> |
| ** National license mandatory to hold international license  |  |                      |                      |
| International License  | <input type="checkbox"/> FIS Alpine <input type="checkbox"/> FIS Ski Cross <input type="checkbox"/> FIS Masters <input type="checkbox"/> IPC Para-Alpine |                      |                      |
| **ALL international licensed competitors are required to undergo a thorough evaluation of their medical health prior to competition.   |  |                      |                      |
| I agree to completing a full physical and receiving clearance for competition with my medical practitioner prior to FIS or IPC competition commencement <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                      |                      |
| If no is selected, or medical clearance is NOT provided, an international license will NOT be issued. Medical clearance letters MUST be kept on file with PTSO.  |  |                      |                      |
| ** International licensing requires a minimum SAIP Insurance purchase - FIS Masters excluded   |  |                      |                      |
| SAIP Insurance   | <input type="text"/>   |                      |                      |
| ** Additional SAIP insurance programs may be available. Please connect with your PTSO for more information   |  |                      |                      |

### Returning Competitors License Numbers

National Card  FIS Alpine  FIS Ski Cross  FIS Masters  IPC Para-Alpine

### Other Information

#### Never miss an update!

Sign up at [alpinecanada.org](http://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

All registration forms and any other applicable documents MUST be executed in full and returned to your club/PTSO, or completed in full through their online portals prior to participating in sanctioned activities. Inactive or incomplete registration may put you and the sanctioned activity at risk.

For further information on registration details, please connect with your club/PTSO or visit Alpine Canada's website, [www.alpinecanada.org](http://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 REFERRED 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 fall under ACA, 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 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. I UNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

2. 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 CERTAIN LEGAL 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 legal age: |  |
| Witness Signature:     |  | DATE:  |  |