TRY FREESTYLE REGISTRATION FORM

PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION

A. PERSONAL INFORMATION (ALL INFORMATION MUST BE FILLED IN)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ SEXE: M ☐ F ☐

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

BIRTH DATE: _____ (YYYY) _____ (MM) _____ (DD) NAME OF SKI CLUB: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE NUMBER: _____

B. "TRY FREESTYLE" LICENSE

☐ TRY FREESTYLE

A one-event, trial license, beginning the day of registration for participants looking to try a Freestyle activity. Accident Insurance is not available.

C. WAIVER SECTION

I recognize that skiing entails serious risks. Consequently, I relinquish all rights to an appeal of any kind, including the right to an appeal for bodily and material damages, regardless of the cause, against Freestyle Canada, the Canadian Snowsports Association, its officers, employees, assignees, agents, representatives, and sponsors, even if such damages result from negligence of Freestyle Canada, the Canadian Snowsports Association, its officers, employees, assignees, agents, representatives, and sponsors.

Without restricting the generality of the preceding, I also relinquish the right to any appeal against Freestyle Canada, the Canadian Snowsports Association, its officers, employees, assignees, agents, representatives, and sponsors resulting from a decision on their part, regardless of the nature of this decision.

I also recognize that skiing entails serious risks. Considering my participation, I also relinquish all rights to an appeal of any kind, including the right to an appeal for bodily and material damages, regardless of the cause, against Freestyle Canada, the Canadian Snowsports Association, its officers, employees, assignees, agents, representatives, and sponsors, even if such damages result from negligence of Freestyle Canada, its officers, employees, assignees, agents, representatives, and sponsors.

NOTE: Authorization is needed for Aerials/Inverts by parent or Guardian if registrant is less than 18 years of age

Participant Signature: _____ DATE : _____ (YYYY) _____ (MM) _____ (DD)

Parent/Guardian Signature : _____ DATE : _____ (YYYY) _____ (MM) _____ (DD)