



**TELEMARK SKI CANADA TÉLÉMARK
and
BC TELEMARK SKI ASSOCIATION
MEMBERSHIP REGISTRATION FORM
Season 2014/2015**

#

A. PERSONAL INFORMATION (please fill out all the information)

SURNAME _____ GIVEN NAME _____ GENDER _____ DATE OF BIRTH _____

MAILING ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ MOBILE PHONE _____ EMAIL (primary form of communication) _____

HOME SKI AREA _____

WOULD YOU LIKE TO RECEIVE OUR E-NEWSLETTER YES NO

DIVISION: BC Telemark Ski Association

PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE _____

Additional Information if Under 19 Years of Age:

PARENT or GUARDIAN FIRST AND LAST NAME (please print) _____ PHONE _____

D. FEES

An annual fee of \$5 per person will be charged for membership to the BC Telemark Ski Association.

Please make cheques payable to 'BC Telemark Ski Association'.

Fee is in addition to any first time program registration.

Please Note: Membership Expires June 30, 2015

E. WAIVER (BOTH SIDES)

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

COMPETITOR: I AM AWARE THAT TELEMARK SKIING INVOLVES CERTAIN DANGER AND RISKS, INCLUDING BUT NOT LIMITED TO COLLISION WITH NATURAL AND MAN-MADE OBJECTS AND WITH OTHER SKIERS AND SPECTATORS AND FALLING AT HIGH SPEED WHILE RACING OR TRAINING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH DANGERS AND RISKS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM.

IN CONSIDERATION OF THE CANADIAN SNOWSPORTS ASSOCIATION (C.S.A.) ACCEPTING MY APPLICATION FOR REGISTRATION AND PERMITTING ME TO PARTICIPATE IN COMPETITIONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY THE C.S.A., I HEREBY FOR MYSELF, MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY AGREE AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST THE C.S.A., TELEMARK CANADA TÉLÉMARK, OR BC TELEMARK SKI ASSOCIATION AND ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERRED TO AS THE RELEASEES).
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING DUE TO ANY CAUSE, WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO ANY THIRD PARTY RESULTING FROM MY PARTICIPATION IN THE SAID COMPETITIONS EVENTS OR TRAINING.
4. TO ALLOW THE COLLECTION, AND POSSESSION OF MY PERSONAL INFORMATION SPECIFICALLY: FULL GIVEN NAME, DATE OF BIRTH, HOME AND MAILING ADDRESS, PHONE NUMBER, EMAIL ADDRESS, AN EMERGENCY CONTACT PERSON, HEALTH CARD INFORMATION, AND ANY GIVEN MEDICAL CONDITIONS; AND COMMUNICATE THE AFOREMENTIONED PERSONAL INFORMATION TO AN OFFICER, CONTRACTOR OR EMPLOYEE OF THE C.S.A OR C.S.A.SUBSIDIARIES AND AFFILIATES NECESSARY FOR THE PERFORMANCE OF THE ACTIVITIES CONTEMPLATED BY THIS MEMBERSHIP FORM, OR AS REQUIRED BY LAW.



**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
(IF COMPETITOR UNDER 19 YEARS OF AGE)**

PARENT/GUARDIAN: I HAVE READ AND UNDERSTAND THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT SET OUT ABOVE IN CONSIDERATION OF THE CANADIAN SNOWSPORTS ASSOCIATION (C.S.A.) ACCEPTING THE APPLICATION FOR REGISTRATION OF: _____

(HEREAFTER REFERED TO AS "THE COMPETITOR") AND PERMITTING THE COMPETITOR TO PARTICIPATE IN COMPETITIONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY THE C.S.A.. I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST THE C.S.A., TELEMARQUE SKI CANADA TÉLÉMARQUE, OR BC TELEMARQUE SKI ASSOCIATION AND ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERRED TO AS THE RELEASEES.)
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY OR THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS, TRAINING DUE TO ANY CAUSE WHATSOEVER INCLUDING ANY NEGLIGENCE ON THE PART OF THE RELEASEES.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY, DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY THE COMPETITOR OR BY ANY THIRD PARTY RESULTING FROM THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING.
4. TO ALLOW THE COLLECTION, AND POSSESSION OF MY CHILDS INFORMATION SPECIFICALLY: FULL GIVEN NAME, DATE OF BIRTH, HOME AND MAILING ADDRESS, PHONE NUMBER, EMAIL ADDRESS, AN EMERGENCY CONTACT PERSON, HEALTH CARD INFORMATION, AND ANY GIVEN MEDICAL CONDITIONS; AND COMMUNICATE THE AFOREMENTIONED PERSONAL INFORMATION TO AN OFFICER, CONTRACTOR OR EMPLOYEE OF THE C.S.A OR C.S.A.SUBSIDIARIES AND AFFILIATES NECESSARY FOR THE PERFORMANCE OF THE ACTIVITIES CONTEMPLATED BY THIS MEMBERSHIP FORM, OR AS REQUIRED BY LAW.

ALL PARTICIPANTS PLEASE SIGN BELOW

I HAVE READ AND UNDERSTAND THIS RELEASE OR LIABILITY AND INDEMNIFICATION AGREEMENT ON THE ABOVE PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

BY SIGNING THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGGREEMENT I FURTHER GIVE PERMISSION TO THE BC TELEMARQUE SKI ASSOCIATION AND TELEMARQUE SKI CANADA TÉLÉMARQUE TO USE PHOTOS OR VIDEOS OF MYSELF OR MY CHILDREN FOR THE PURPOSES OF PROMOTING FUTURE EVENTS AND PROGRAMS- AND TO RELEASE THE RELEASEES FROM ANY AND ALL CLAIMS THAT I MAY HAVE FOR INVASIOIN OF PRIVACY, DEFAMATION, OR ANY CAUSE OF ACTION ARISING OUT OF THE USE OF THESE PHOTOGRAPHS AND VIDEOS.

COMPETITOR'S SIGNATURE (if over 19)

DATE

SIGNATURE OF PARENT OR GUARDIAN (If applicant is under 19)

NAME OF PARENT OR GUARDIAN (please print)

DATE

NAME OF WITNESS (please print clearly)

ADDRESS OF WITNESS

SIGNATURE OF WITNESS