

# SASKATCHEWAN SNOWBOARD ASSOCIATION (SSA)

Box 340 Lebret, Sk. S0G 2Y0

Phone: 306-332-4459

Email: t.mcdougall@Sasktel.net

## MEMBERSHIP APPLICATION FORM

Expires: September 30, 2010

(Last updated August 7, 2007)

NAME(Please Print Clearly): Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV: \_\_\_\_\_ Postal CODE: \_\_\_\_\_ TEL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PARENTS E-MAIL \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE FEMALE AGE at Dec. 31/2008 \_\_\_\_  
Day) Month) (year)

SPONSORS: \_\_\_\_\_ Club Affiliation \_\_\_\_\_

CSRL number: \_\_\_\_\_ FIS number: \_\_\_\_\_

### TYPE OF MEMBERSHIP

Is this a **Renewal Membership**  or a **New Membership**

Membership Free

Annual \$20.00

Single event \$10.00

## MEMBER WAIVER

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

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE  
PLEASE SEE OTHER SIDE!**

INITIAL

# MEMBER WAIVER

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INCLUDING THE RIGHT TO SUE  
PLEASE READ CAREFULLY!**

INITIAL

**IN CONSIDERATION** of my acceptance as a registered member of the Saskatchewan Snowboard Association ("Saskatchewan Snowboard") and the Canadian Snowboard Federation ("CSF") and in consideration of my being permitted to take part in the activities and programs of Saskatchewan Snowboard and CSF, **I MAKE THE FOLLOWING DECLARATION:**

### 1. IDENTIFICATION OF RISK

**I AM FULLY AWARE** and conscious of the dangers involved in the performance of all Saskatchewan Snowboard and CSF calendared events, programs and sanctioned activities, and of the dangers caused by gravitational forces, be it during training runs or during the actual competition. I recognize that there is a risk in reaching excellent results which requires me to stretch my physical abilities to the absolute limit. I know and accept, that by engaging in such competitive sports, life and physical safety could be endangered.

**FURTHERMORE**, I know and accept that the above mentioned dangers may threaten anyone within the competition and training area, and may include environmental conditions, technical equipment and atmospheric influences as well as natural or manmade obstacles. I am aware that certain movements or actions cannot always be anticipated or controlled and therefore cannot be avoided or prevented through safety measures.

### 2. ACKNOWLEDGMENT OF RISK

**I ACKNOWLEDGE** that it is up to me personally to assess whether any competition or training course is too difficult for me. I agree that I will conduct my own inspection and I will immediately notify the jury of any obvious safety concerns I may have. By starting in a competition, or taking part in training, I acknowledge acceptance of the suitability and condition of the courses. I also agree that I am responsible for the choice of the equipment I have used and for the selection of my line through the course and my ability to handle this line, inclusive of inverted air maneuvers.

### 3. PERSONAL LIABILITY

**I UNDERSTAND** that I may be found personally liable to third parties for damages arising from bodily injury or property damage they have suffered as a result of my participation in training or competition. I agree that it is not the responsibility of the organizer to inspect my equipment. I agree that I will make myself familiar with the applicable competition regulations before taking part in such competition.

### 4. RESIDENCY AND MEDICAL COVERAGE

**I DECLARE** that I am a resident of Canada. I also declare that I have current medical coverage with respect to my participation in any activities and programs of Saskatchewan Snowboard and CSF.

### 5. RULES

**I HEREBY AGREE TO ABIDE** by the rules and regulations of Saskatchewan Snowboard and CSF, and to participate in the events, programs and activities sanctioned by Saskatchewan Snowboard and CSF in accordance with Saskatchewan Snowboard and CSF's rules, regulations and by-laws.

**I HEREBY FOR MYSELF**, my heirs, executors, administrators and assigns, forever release, discharge and hold harmless the said Saskatchewan Snowboard and CSF, their officers, directors, employees, agents or representatives, from any personal injury, death, property damage or loss sustained by me as a result of my participation in the activities and programs of Saskatchewan Snowboard and/or the CSF.

Signed this ____ day of _____, 200__	_____ Signature of participant
_____ Signature of witness	_____ Signature of parent or guardian if under 18 years of age
_____ Please print name of witness clearly	_____ Please print name of parent or guardian clearly

**Mail this completed form (with fees) to: SSA Box 340 Lebret.Sk, S0G 2Y0**