

ALPINE SKI ASSOCIATION YUKON

c/o 4061 – 4th Avenue, Whitehorse, Yukon, Y1A 1H1

www.alpineyukon.com



ALPINE YUKON

Alpine Masters Clinic at Mt Sima

Athlete Registration Form

The Alpine Masters Clinic is geared toward intermediate/advanced skiers aged 18 and up who are interested in the 2016-2017 Masters program and races.

- On-snow time prior to the season to shake out the cobwebs.
- Work with Certified coaches on your tactical and technical skiing you can take into the season.
- Set individual goals and help us set some program goals.
- Ski tuning session and equipment assesment/adjustments.

ATHLETE INFORMATION

First/Last Name: _____

Date of Birth (month/day/year): _____

Address: _____

Yukon Health Card #: _____

Physician's Name and Phone #: _____

Medical Information/Allergies/Behavioural Concerns: _____

Previous skiing experience:

Nancy Greene/Junior Racing Lessons Recreational
Backcountry Coach/Instructor Other: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

Emergency Contact

First/Last Name: _____

Address: (if different from athlete address) _____

COST: \$45.00 (cheque to Alpine Ski Association Yukon)

Sessions will run November 26 and 27 from 9:30 until 3:30

Mount Sima Lift ticket or Season Pass Required

Participants will be expected to help with setup/teardown of training environments

Register at Sport Yukon: 4061 – 4th Avenue, Whitehorse, Yukon, Y1A 1H1

Registration Deadline: November 15, 2016 or when capacity is reached

Additional information will be emailed and provided on the Alpine Yukon website.

Carefully read the waiver on the opposite side of this page and sign

Administration Only: Amount Received: _____

Date Received: _____

Waiver Signed: _____

For More information on the Alpine Masters program contact Jeanne Burke: jbs.yt.ca@gmail.com (867) 668-2506

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WARRANTY AND CONSENT OF PARTICIPANT

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY / INDEMNITY AGREEMENT

IN CONSIDERATION of Alpine Yukon permitting me to participate as an athlete in the **Alpine Yukon Masters Clinic** program at Mt Sima and related events and activities (the “Program”), and enrollment in Alpine Canada:

I WARRANT THAT:

1. I am familiar with the risk of serious injury and death which any participant in the Program may suffer AND am familiar with all aspects of the Program;
3. I believe that I am physically, emotionally and mentally able to participate in the Program, and that my equipment not supplied by the Program is mechanically fit for use in the Program and will continuously throughout my participation in the Program ensure that my equipment not supplied by the Program remains mechanically fit and properly adjusted for use;
4. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with myself; and
5. I will immediately remove myself from participation and notify the coordinator or coach, if at any time I sense or observe any unusual hazard or condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness for continued participation in the Program.

I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. An unqualified ASSUMPTION OF ALL RISKS associated with participation in the Program even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of Alpine Yukon and any persons associated therewith or participating therein, and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of Alpine Yukon and all persons and organizations associated with it and the Program including, without limiting the generality of the foregoing, its: officers, directors, officials, contractors, agents and/or employees, other participants, sponsors, advertisers, owners and/or Lessor of the premises used to conduct the Program, sanctioning bodies, medical or rescue personnel (the RELEASEES) of and from any and all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. An UNDERSTANDING AND AGREEMENT NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from my participation in the Program, and
4. An AGREEMENT TO INDEMNIFY and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damages, award or costs, or loss of any type or nature whatsoever, that they may incur as a result of any claim made against them or anyone of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise arising from or relating to my participation in the Program.

I HAVE READ THIS DOCUMENT THOROUGHLY. I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THE PROGRAM. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE.

ACKNOWLEDGEMENT OF WARRANTY AND CONSENT

I SIGN THIS DOCUMENT VOLUNTARILY WITHOUT INDUCEMENT

ATHLETE SIGNATURE

WITNESS SIGNATURE

ATHLETE NAME (PRINT)

WITNESS NAME (PRINT)

DATE

DATE

ATHLETE AGE AS OF DECEMBER 31, 2016