



## 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:	_____	SEX:	M <input type="checkbox"/> F <input type="checkbox"/>
CITY:	_____	PROVINCE:	_____
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