



ADULT DISABLED DOWNHILL SKIING (ADDS) MEMBERSHIP APPLICATION / RELEASE FORM

Please complete, print and sign.

I, _____, confirm that I wish to participate as:

- a volunteer or
 participant skier

in the Adult Disabled Downhill Skiing Program (the “ADDS Program”).

I am a paid-up member for the 2016-17 season with CADS:

- Yes, & I've sent my confirmation to ADDS, **OR** attached is a copy of my confirmation
 No, but my \$35 membership fee (cheque to “CADS Ontario”) and completed application form is attached

I understand that there are inherent risks involved in skiing and in other aspects of the ADDS Program, which risks may include physical injury to myself. In consideration of being allowed to participate in the ADDS Program as a volunteer or participant skier, I hereby release and discharge Mansfield Ski Resort; the Adult Disabled Downhill Skiing (ADDS) Program; the Canadian Association for Disabled Skiing (Ontario Division); the Canadian Association for Disabled Skiing and its Provincial Divisions; together with their respective officers, employees, agents, and volunteers, from any and all liability, claims, demands, actions or causes of action on account of any injury or damage whatsoever and howsoever caused including negligence, that I may suffer as a result of my participation in the ADDS Program.

I authorize the ADDS Program to use photographs or videos containing my image for promotional, advertising, fund-raising and/or public relations purposes. I acknowledge and confirm that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to the ADDS Program's promotional, advertising and/or public relations activities, shall remain the exclusive property of the ADDS Program, which shall own all copyright. I also waive any and all rights to any personality rights in such material.

Date: _____ Signature of Applicant: _____

Date of Birth: (dd/mm/yyyy) _____ Present age: _____ yrs. Weight: _____ lbs

Address: _____

Home or Office Tel #: _____ Cell #: _____

Email address: _____

CADS certification level: None Level ____ Year achieved _____

CSIA certification level: None Level ____ Year achieved _____

Emergency Contact: _____ Relationship: _____ Tel: _____

In case of the **Volunteer** being a minor under age 18 years, signature of parent(s) or guardian(s) is required. By signing below, the parent(s) or guardian(s) agrees to the above statements on behalf of the minor, and grants permission for the minor to participate in the ADDS' Program.

Name of Parent(s) or Guardian(s) (**please print**): _____

Signature of Parent(s) or Guardian(s): _____

Please Return this completed form a minimum of 1 week before your first planned ski day to:

ADDS Membership c/o Brad Ko, 3 Copland Tr. Aurora, ON L4G 4S9

Or Via Email to: ski.adds@disabledskiingontario.com or brad.ko@gmail.com