



**FREESTYLE
SKI
ACROBATIQUE**

VOLUNTEER REGISTRATION FORM

CANADIAN FREESTYLE SKI ASSOCIATION
ASSOCIATION CANADIENNE DE SKI ACROBATIQUE
SUITE 321, 1367 WEST BROADWAY, VANCOUVER, BC
TEL: (604) 714-2233 FAX: (604) 714-2232
Email: info@freestyleski.com



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This permit authorizes the person named above to participate as a volunteer in support of Canadian Freestyle Ski Association competition activities for the period from:

From:	Day:		Month:		Year:		
To:	Day:		Month:		Year:		
Name:					Sex:	M	F
Address:					Postal Code:		
Date of Birth	D		M		Y		
Tel:				E mail:			
Club:				Division:			

WAIVER

I recognize that skiing entails serious risks. Consequently, I relinquish all rights to an appeal for bodily and material damages, regardless of the cause, against the Canadian Freestyle Ski Association, its officers, employees, assignees, agents, representatives, and sponsors, even if such damages result from negligence of the Canadian Freestyle Ski 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 the Canadian Freestyle Ski Association, its officers, employees, assignees, agents, representatives, and sponsors resulting from a decision on their part, regardless of the nature of this decision.

Participant's Signature: _____

I also recognize that skiing entails serious risks. Considering _____'s 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 the Canadian Freestyle Ski Association, its officers, employees, assignees, agents, representatives, and sponsors, even if such damages result from negligence of the Canadian Freestyle Ski Association, its officers, employees, assignees, agents, representatives, and sponsors.

Signature of parent or guardian: _____
(If participant is less than 18 years old)