

Alberta Trappers' Association

Highway 44 South Industrial Park, Lot 14, PO Box 6020, Westlock, Alberta T7P 2P7
Tel: 780.349.6626 • Fax: 888.362.4679 • Email: info@albertatrappers.com
www.albertatrappers.com



Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime Phone Number: (____)-____-____ Date of Birth: ____/____/____
DD YY

Cell Phone Number: (____)-____-____ Email: _____

I wish to register for the following Smoke Tanning Workshop:

Location: _____ Date: _____

Participant Signature Required: **X** _____

**By signing this complete document, including the Waiver Release and Indemnity Agreement, I recognize that this event involves risk and I take responsibility for any action or injury that may result by participating in this activity.

SMOKE TANNING WORKSHOP TOTAL FEE: \$150.00 for 2 day Workshop*

*This fee include G.S.T.

(1) A receipt will be provided at the course, (2) Cancellation **prior to 10 days before the workshop start time entitles you to a full refund.** No refunds are provided after this date, however a registration fee may be transferred to another student, providing that the registration form is completed.

My cheque is enclosed and payable to *Alberta Trappers Association*

Please charge my credit card:

Card #: _____ Date: _____

Expiry: _____/____ Signature: _____

Please submit this completed form with payment:

By Mail:

Alberta Trappers Association
P.O. Box 6020 Stn. Main
Westlock, AB T7P 2P7

By Email:

info@albertatrappers.com

www.albertatrappers.com

For Office Use Only:

Date Received: _____ Receipt #: _____



Please Read Carefully Before Signing

INFORMED CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND IDENMITY AGREEMENT

IN CONSIDERATION OF MY BEING PERMITTED BY ALBERTA TRAPPERS ASSOCIATION, TRAPPER EDUCATION PROGRAM (ATA) TO PARTICIPATE IN ANY WAY AT COURSES AND WORKSHOPS DELIVERED BY ATA, I THE UNDERSIGNED USER, ACKNOWLEDGE AND AGREE THAT:

There are inherent risks, hazards and dangers to any person practicing and learning trapping skills, particularly in an outdoor environment, I UNDERSTAND THAT THESE RISKS, HAZARDS AND DANGERS INCLUDE WITHOUT LIMITATION:

- A. Exposure to variable extremes in weather that , may cause injury to heat or cold
- B. Remote locations with poor communications and inability to get rescue or medical assistance easily or
- C. Potential injuries from using knives , sharp objects , traps and snares
- D. Potential injuries from travel on frozen waterways or open water around beaver houses

I FURTHER ACKNOWLEDGE AND AGREE THAT:

1. I am voluntarily participating and agree to accept all of the risks and possibility of death, personal injury, property damage and /or loss resulting from my involvement with the program, event and/or trip I am undertaking with the ATA
2. I hereby KNOWINGLY AND INTENTIONALLY WAIVE, RELEASE, IDEMNIFY AND HOLD HARMLESS THE ATA, its directors, officers, employees, guides, instructors, agents , volunteers, representatives, servants, successors and assigns (collectively the "agents") from and against all claims, actions, causes of action, liabilities, suits, costs, expenses (including legal fees on a solicitor and his own client basis) and demands of any nature or kind whatsoever, which are related to , arise out of, or are in any way connected with my participating in the activities including but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen , arising directly or indirectly out of any damage, loss , injury, disability , paralysis or death to me or my property as a result of my engaging in the activities or the use of the services or equipment of the ATA, whether such damage , loss, injury disability , paralysis or death results from the negligence of the ATA or from some other cause . I, for myself, my heirs, successors, executors and family, further agree not to sue the ATA as a result of any injury, disability, paralysis or death suffered in connection with my participation in these activities programs or other related events and activities.
3. I certify that I am physically capable and fit to participate in the activities and assume the responsibility for my physical fitness and capacity to undertake such activities.
4. I further acknowledge and agree that first aid and medical treatment may be given to me by the leader, instructor or medical personnel in attendance in the event of accident, injury or illness during my participation in these activities, programs or other related events and activities.
5. I understand and agree that the acknowledgement, waivers, releases and indemnities outlined in this agreement are applicable as a condition to my participation in any activities with the ATA
6. I hereby consent that the photographs taken of me by the ATA may be used or sold in whole or in part by the ATA for the purpose of advertising or publication in any manner.
7. I am not relying on any oral or written representations or statements or statements made by the ATA or its agents, including those in any brochure, advertisements or in individual conversation to induce me to participate in the activities, programs and events of the ATA.
8. Should the ATA or anyone acting on their behalf be required to incur lawyer's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
9. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect
10. I confirm that I have read over this agreement before signing, that I understand it and that it will be binding on myself, my estate, my heirs, my next of kin, my executors, administrators and assigns.
11. I agree that the laws of the Province of Alberta govern this contract.

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I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS INFORMED CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND IDEMNITY AGREEMENT.

Signed this _____ day of _____, _____ (year) at the place of _____, in the Province of Alberta

(Participant, Print name) (Witness, Print name)

(Participant, signature) (Witness, signature)

Note: The signature of a parent / legal guardian is required for any child who is a minor (i.e.; under the age of 18 years)

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION (MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)

In consideration of _____ (print minor's name) (the Minor) being permitted by the ATA to participate in its activities and to use trapping equipment, I, the undersigned, do consent to the minors release of the ATA in the agreement attached hereto and further agree to indemnify and hold harmless the ATA and all other parties released, from any and all claims which are brought by , or on behalf of the minor and which are in any way connected with such use or participation by the minor.

This release applies to and binds my personal representatives, executors, heirs and assigns. If a member of my family under the age of 18 years accompanies me to the programs, facilities and events of the ATA, I make this release and these representations on such minor's behalf as well as my own and agree to assume responsibility for the minor's safety.

Parent or Guardian _____ Print name _____

Date _____ at _____, Alberta. _____

Signature of other adult assigned responsibility for the minor (if applicable)

_____ Print name _____