

SKI TELEMAR LTD.
1691 OAK HILL ROAD
CAMPBELLCROFT, ONTARIO L0A 1B0
TEL.:905-797-1074 FAX.:905-797-1072

CLINIC/RENTAL REGISTRATION 2018

NAME: _____ DATE: _____

ADDRESS: _____ TOWN: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE:Home/Cell: _____ Work: _____

E-Mail: _____ AGE: _____ SEX: _____

SKI RESORT: _____

SKILL LEVEL:NOVICE _____ INTERMEDIATE _____ ADVANCED _____

EQUIPMENT RENTAL:SKIS# _____ BOOTS: _____ POLES: _____

A valid drivers licence or credit card must be left as a deposit for equipment.

WAIVER:

I understand that skiing is a dangerous sport, and I agree to assume all risk of personal injury or loss of or damage to property which may in any way result from my participation in such sport. I hereby, for myself, my heirs, administrators and assigns, duly release and forever discharge Ski Telemark Ltd., its employees, agents and instructors and all persons providing ski instruction as independent contractors, from any and all claims for damages or injuries sustained and consequences of loss, injury or damage to my person or property and from any and all actions, causes of actions, claims and demands of any nature, including but without limiting the generality of the foregoing, all and any recourses resulting from any conduct or decisions of Ski Telemark Ltd., its employees, agents and instructors and all persons providing ski instruction as independent contractors. If under the age of 18 years, please have signed by a parent or guardian.

I acknowledge that I have read the above waiver and fully understand it.

SIGNATURE: _____ WITNESS: _____

DATE: _____

PACKAGE: \$75.00 (\$66.37 + HST(\$8.63)) PAID: _____

CLINIC: \$50.00 (\$44.25 + HST(\$5.75))PAID: _____

2 HR. EQUIP. RENTAL(Skis/Boots): \$40.00 (\$35.40 + HST(\$4.60))PAID: _____

EQUIPMENT RETURN:SKIS# _____ BOOTS: _____ POLES: _____

STAFF INITIAL: _____

skitele@eagle.ca www.skitelemark.ca www.facebook.com/SkiTelemark