SKI TELEMARK LTD.
1691 OAK HILL ROAD
CAMPBELLCROFT, ONTARIO L0A 1B0
TEL.:905-797-1074
E-mail: skitele@eagle.ca

PARTICIPANT CLINIC/RENTAL EQUIPMENT REGISTRATION FORM 2026

Name:_____Date:_____

Address:_____Town:_____

Province:_____Postal Code:_____

Phone - Home/Cell: _____Work:_____

Email:_____Age:_____

Club or Resort: _____

Check-off your alpine or free-heel level of ability:
SKILL LEVEL: NOVICE☐ INTERMEDIATE☐ ADVANCED☐

SKI TELEMARK'S SERVICES
Fees are per person*, registration and payment to be made in advance via e-transfer to* **skitele@eagle.ca**

GROUP CLINIC: max 4	☐1 HR Instruction $60.00 ($53.10 + HST ($6.90))
PRIVATE CLINIC:	☐1 HR Instruction $75.00 ($66.38 + HST($8.62))
SEMI PRIVATE CLINIC:	☐1 HR Instruction $65.00 ($57.52 + HST($7.48))
PACKAGE OF 4 PRIVATE CLINICS:	☐1 HR Instruction $260.00 ($230.09 + HST($29.91))
CLINIC/RENTAL PACKAGE:	☐1 HR Instruction/2HR Equip. Rental $95.00 ($89.27 + HST($10.93))
EQUIPMENT RENTAL:	☐2 HR (Skis & Boots): $60.00 ($53.10 + HST($6.90))
	☐2 HR (Skis OR Boots Only): $30.00 ($26.55 + HST($3.45))

Check-off requested time of service and if you have equipment requirements with (hgt in cm) for skis and size for boots:
TIME OF SERVICE: ☐9:00 ☐10:00 ☐11:00 ☐12:00 ☐13:00 ☐14:00
RENTAL EQUIPMENT: ☐SKIS_____ HGT ☐BOOTS Shoe Size m_____ w _____ ☐POLES

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.

Name:_____Witness:_____

Date: _____

FOR STAFF ONLY

EQUIPMENT RETURN: ☐ SKIS ☐ BOOTS: ☐ POLES:

STAFF INITIAL:_____