



SKI TELEMAR LTD.

1691 OAK HILL ROAD
CAMPBELL CROFT, ONTARIO L0A 1B0
TEL.: 905-797-1074
E-mail: skitele@eagle.ca

SKI TELEMAR WARM-UP DAY 2025 FOR SAT. DEC. 6TH BACK-UP DAY SAT. DEC. 13TH

Lift Tickets available for purchase on-line/visit www.mountstlouis.com

REGISTRATION REQUIREMENTS:

- Please complete this form and submit with e-transfer payment to skitele@eagle.ca by: **FRI. DEC. 5TH**
- Participants are responsible for purchasing their own lift ticket

Name: _____ Date: _____

Address: _____ Town: _____

Province: _____ Postal Code: _____

Phone - Home/Cell: _____ Work: _____

Email: _____ Age: _____

Check-off your alpine or free-heel level of ability:

SKILL LEVEL:

NOVICE ☐

INTERMEDIATE ☐

ADVANCED ☐

WARM-UP DAY CLINIC FEE & LUNCH: \$95.00 (\$84.07 + HST(\$10.93)) PD: _____

Inclusive of: 4 Hours of Instructional Clinics with 1 Instructor: Max. 6 Participants, Lunch

If required check-off your equipment needs with height (HGT in cm) for skis and shoe size for boots:

RENTAL EQUIPMENT: SKIS _____ **HGT** _____ **BOOTS** _____ **SHOE SIZE** ☐ M ☐ W _____ **POLES** _____

FULL DAY EQUIPMENT RENTAL FEE:(Skis, Boots & Poles): \$80.00 (\$70.80 + HST(\$9.20))PD: _____

EQUIPMENT RENTAL FEE:(Skis OR Boots): \$50.00 (\$44.25 + HST(\$5.75)) PD: _____

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: _____

FOR STAFF ONLY

EQUIPMENT RETURN:

☐ SKIS

☐ BOOTS:

☐ POLES:

STAFF INITIAL: _____