Adult Adaptive Downhill Snowsports (A.A.D.S.)
Membership Application & Release Form

Please complete all required fields, print the completed form, and sign where indicated.

I, _____ (the "Applicant"), hereby apply to participate in the Adult Adaptive Downhill Snowsports Program (the "AADS Program") in the capacity selected below:

☐ Volunteer **or** ☐ Participant skier **or** ☐ Participant Snowboarder **or** ☐ Participant sit-skier

By submitting this application, I confirm that the information provided is true, complete, and accurate to the best of my knowledge.

I confirm that, for the **2026–27** season, I am a paid-up member with Canadian Adaptive Snowsports ("CADS"):

☐ Yes, & I've sent my confirmation to AADS via email to brad.ko@gmail.com
☐ No, but I will register with CADS **before** the first day of skiing
☐ **Volunteers Only:** I confirm that I have completed the Police Reference Check and Vulnerable Sector Screening required by CADS through Sterling Backcheck via SnowLine (**Valid for 3 years)**
☐ I confirm that I have emailed just my face photograph of myself to jlaveau@hotmail.com for the purpose of preparing my Mansfield identification badge.

ACKNOWLEDGEMENT OF RISK, RELEASE, AND WAIVER OF LIABILITY

I acknowledge and understand that downhill skiing, adaptive snow sports, use of ski lifts and related facilities, instruction, training, transportation, and all other activities associated with the AADS Program involve inherent and other risks, including the risk of serious personal injury, disability, property damage, and death. In consideration of being permitted to participate in the AADS Program as a volunteer or participant skier, I voluntarily accept and assume all such risks, whether known or unknown. To the fullest extent permitted by applicable law, I release and forever discharge Mansfield Ski Club; the Adult Adaptive Downhill Snowsports Program; Canadian Adaptive Snowsports and its provincial divisions; and each of their respective directors, officers, employees, instructors, agents, representatives, and volunteers (collectively, the "Released Parties") from any and all claims, demands, actions, causes of action, damages, losses, costs, and liabilities arising from or relating to my participation in the AADS Program, including claims arising from the negligence of any Released Party. I understand that this release does not apply to liability that cannot lawfully be excluded.

MEDIA CONSENT AND RELEASE

I authorize the AADS Program and its authorized representatives to photograph, record, reproduce, publish, display, distribute, and otherwise use my name, image, likeness, voice, and appearance in photographs, video, audio, digital media, websites, social media, promotional materials, advertising, fundraising, and public-relations communications relating to the AADS Program, without further notice or compensation. I acknowledge that all resulting materials and related intellectual-property rights shall be owned exclusively by the AADS Program. To the fullest extent permitted by law, I waive any right to inspect or approve the finished materials and any moral, privacy, publicity, or personality rights arising from their authorized use.

Date: _____ Signature of Applicant:_____

Applicant's Date of Birth (dd/mm/yyyy):_____

Present age:_____yrs. Weight: _____lbs

Address: _____

Home or Office Tel #: _____ Cell #: _____

Email address: _____

CADS certification level: None ☐ Level_____Year achieved _____

CSIA certification level: None ☐ Level _____Year achieved _____

Emergency Contact: _____

Relationship: _____

Tel: _____

If a volunteer is under 18 years of age, or if a participant skier acts through an attorney under a valid power of attorney, legal guardian, or other legally authorized decision-maker, the signature of that authorized person is required. By signing below, the authorized person confirms their legal authority to sign, agrees to the acknowledgements, consents, releases, and waivers set out in this form on behalf of the Applicant to the extent permitted by law, and authorizes the Applicant's participation in the AADS Program.

Name of Parent, Attorney, Guardian, or Authorized Decision-Maker (**please print**):

_____

Signature of Parent, Attorney, Guardian, or Authorized Decision-Maker:

_____ Date: _____

Submission Instructions

The completed and signed form must be received at least seven (7) days before the Applicant's first planned ski day. Submit it to: AADS Membership, c/o Brad Ko, 3 Copland Trail, Aurora, Ontario L4G 4S9; or by email to brad.ko@gmail.com.