



Alberta Trappers' Association

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



MEDICINE BAG MAKING WORKSHOP REGISTRATION

Name:		Female/Male:	
Address:			
City:	Prov:	Postal Code:	
Daytime Phone:		Cell Phone:	
Email:			
Date of Birth - Day/Month/Year ____ / ____ / ____			
Workshop Location:			Date:
Signature Required: X _____			

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

TOTAL WORKSHOP FEE: \$130* for 1 Day Workshop

*This fee includes 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.

METHODS TO PAY:

- a. E-Transfer to atafinance@albertatrappers.com
- b. My check is enclosed and payable to Alberta Trappers Association
- c. Please charge my credit card below:

Card# _____ Expiry Date: _____ CVV# _____

Signature: X _____ Today's Date: _____

Please submit this completed form with payment by:

MAIL

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

EMAIL

info@albertatrappers.com (form only, no e-transfer)
Please ensure all pages are completed & returned

FOR OFFICE USE ONLY:	
Date Received:	Receipt #



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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. Potential injuries from using knives, sharp objects

I FURTHER ACKNOWLEDGE AND AGREE THAT:

1. I am voluntarily participating and agree to accept all 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 X _____

Participant - Signature X _____

Witness – Print Name X _____

Witness – Signature X _____