

YOUTH MENTORING PROGRAM REGISTRATION FORM

This 5 Day Program is Open to Youth ages 14 to 17 YOU MUST BE A LICENCED TRAPPER

Program will operate on the Alberta Trappers Association RFMA Trapline with Accommodations and Meals to be arranged with the Teen Time Ranch, bordering the trapline

Registrant Name:	DOB
//	/
Mailing Address:	
City:	Prov: Postal Code:
Daytime Phone Number: ()	Cellphone Number: ()
Parent's Email:	
	erns?
*Proper clothing, is	s the responsibility of the student.

Please submit this completed form (3 pages):

By Mail:

Alberta Trappers Association 6020 Stn. Main Westlock, AB T7P 2P7 <u>By Email:</u> info@albertatrappers.com

For Office Use: Date Received:

Receipt #:

Please read carefully before signing

INFORMED CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND INDEMNITY 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. Remote locations with poor communications and inability to get rescue or medical assistance easily or quickly
- C. Potential injuries from using knives, sharp objects, traps and snares
- D. Potential injuries from travel on frozen waterways or open water around beaver houses

I FURTHER ACKNOWLEDGE AND AGREE THAT:

- 1. I am voluntarily participating and agree to accept all of 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, INDEMNIFY 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, 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.

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION (MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18)

In consideration of ______(print minor's name) (the Minor) being permitted by the ATA to participate in its activities and to use trapping equipment, I, the undersigned, do consent to the minors release of the ATA in the agreement attached hereto and further agree to indemnify and hold harmless the ATA and all other parties released, from any and all claims which are brought by, or on behalf of the minor and which are in any way connected with such use or participation by the minor. This release applies to and binds my personal representatives, executors, heirs and assigns. If a member of my family under the age of 18 years accompanies me to the programs, facilities and events of the ATA, I make this release and these representations on such minor's behalf as well as my own and agree to assume responsibility for the minor's safety.

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	a			

(Participant, Print name)

(Witness, Print name)

(Participant, signature)

(Witness, signature)

Note: the signature of a parent / legal guardian is required for any child who is a minor (i.e.; under the age of 18 years)

PLEASE NOTE: All Covid-19 Protocols will be followed as directed by Alberta Health. This is subject to change. Please contact us prior to each session to obtain most current direction.

THERE IS ABSOLUTELY ZERO TOLERANCE FOR ANY INAPPROPRIATE BEHAVIOUR. If this occurs, the youth will be terminated from the program.

In order to complete your registration, please ensure that pages 1 to 3 are completed and returned.

Keep page 4 for your preparation for the program. We look forward to this exciting mentoring opportunity!

	Personal Gear:		Clothing:	
√	All toiletries	√	Comfortable shoes for around	
1	Brush or Comb		lodging	
√	Camera and spare batteries	√	Gloves	
√	Flashlight	√	Hat	
√	Lip Balm	√	Long pants Raincoat or Poncho	
√	Matches	√	Good winter boots	
√	Fixed Blade Knife (Non Folding)	√	Sweater or Sweatshirt	
√	Prescription medication (if required)	√	Warm Winter Jacket	
√	Sunglasses for snow brightness	√	Good winter mitts and hat	
√	Towel and Facecloth			
√	Water bottle	Sleeping Equipment:		
√	Bush Bag	√	Pillow and Pillow case	
		√	Sleeping bag	

This Youth Mentoring Program is made possible by contributions from the Alberta Conservation Association.

We are very grateful for their support.



PLEASE ALSO COMPLETE THE COVID SAFETY FORM AVAILABLE ON THE

COURSE INFORMATION PAGE & SUBMIT