



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



ADULT MENTORING PROGRAM

Students are required to cover room costs, meals and provide their own outdoor clothing. The program is **FREE** for those that are eligible, other than the cost of lodging and meals.

This beneficial program will be operated on the ATA trapline at Dapp which has the Teen Time Ranch located right beside the south end of the trapline. The costs at the ranch for lodging and meals are very fair, and the food is excellent.

Currently there will be one trained mentoring instructor and the program is limited to a maximum of 8 people. Additional Programs will be scheduled moving forward.

I wish to register for the **FREE** Adult Mentoring Program:

☐

I am a holder of a **CURRENT** Alberta Trapping License

☐

I have successfully completed the Alberta Standard Trapper Education Course

Signature Required: _____

Date: _____

Name: _____ Female/Male: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime PhoneNumber: (____)-____-____ Date of Birth: DD / ____ / ____ YY

CellPhoneNumber: (____)-____-____ Email: _____

Please ensure all pages are completed and returned.

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. Remote locations with poor communications and inability to get rescue or medical assistance easily or
- 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 INTENTIONALLTY 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.

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

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)	(Witness, Print name)

_____	_____
(Participant, signature)	(Witness, signature)

PLEASE ALSO COMPLETE THE COVID SAFETY FORM AVAILABLE ON THE
COURSE INFORMATION PAGE & SUBMIT