

MEMBERSHIP APPLICATION (Page 1)

Name:		Email Address:	
Address:		City, Province:	Postal Code:
Date of Birth (DOB):	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-Binary <input type="radio"/> Gender Variant		
ANTI-SPAM LAW: Do you want to subscribe to ADSA and receive information from ADSA through email? <input type="radio"/> Yes <input type="radio"/> No			
Membership Types (Can choose more than 1): <input type="radio"/> Athlete <input type="radio"/> Coach <input type="radio"/> Leader (Instructor, Trainer, Admin) <input type="radio"/> Other (Board, Volunteers)			
<input type="radio"/>	Deaf or Hard of Hearing Adult	\$25.00	
<input type="radio"/>	Associate	\$25.00	
<input type="radio"/>	Deaf or Hard of Hearing Seniors (55+) or Student (Student ID is required)	\$15.00	
<input type="radio"/>	Family: Parents/Guardians of Deaf/Hard of Hearing/CODA (Please fill out Family Membership Form Page 2)	\$25.00	

WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

Liability Waiver and Release: In consideration of acceptance of my participation in the Alberta Deaf Sports Association sponsored events, I waive any and all claims I may have against, and release from all liability, and agree not to sue Alberta Deaf Sports Association on and their respective directors, officers, officials, servants, agents, sponsors, employees, and volunteers for any personal injury, death, property damage or loss sustained by me as a result of my attendance at and participation in the Alberta Deaf Sports Association arising out of any cause whatsoever including without limitation negligence or breach of statutory duty. In addition, I grant permission to administer any medical treatment that may be required.

I agree to indemnify and hold harmless Alberta Deaf Sports Association from any, and all third-party claims, demands, actions or costs (including legal costs on a solicitor-client basis) for which I am legally responsible arising out of or in consequence of my attendance and participation in the Alberta Deaf Sports Association sponsored events.

In entering the Release, I am not relying on any oral or written representations or statements made by Alberta Deaf Sports Association, including those in any brochures issued to induce me to take part in the Alberta Deaf Sports Association sponsored events.

Risk: I, the undersigned understand and acknowledge that participation in the Alberta Deaf Sports Association sport events, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the Alberta Deaf Sports Association sponsored events and/or playoffs voluntarily and at my own risk. I further state that I am in proper physical condition to participate in these sport events.

Rules: I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by Alberta Deaf Sports Association.

Statements: I have read, understand, and agree to abide by the Code of Conduct and the Statement of Definition of Sporting Events and Sponsorships/Donations shared on the official Alberta Deaf Sports Association website while traveling to, participating in, and returning from Alberta Deaf Sports Association sponsored events and/or playoffs. I understand that if I do not abide by this Code of Conduct and violate the terms of our Statements, disciplinary sanctions may be imposed against me by the Alberta Deaf Sports Association Discipline Committee.

Media Release: I give my permission for the free use of my name and picture in any marketing in the forms of online, social media, newsletter, broadcast, telecast or written accounts of the Alberta Deaf Sports Association sponsored events.

Signed this ____ day of _____, 20____

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN
(If under the age of 18)

Please make an e-transfer to: treasurer@albertadeafsports.ca (password: deafsports)

write a cheque payable to: **Alberta Deaf Sports Association**

then mail or drop-off to:

Alberta Deaf Sports Association, #205, 11404-142 Street, Edmonton, Alberta T5M 1V1

Please Note: We will not be accepting any form of cash as payment.

OFFICE USE ONLY

RECEIVED: _____ PAID AMOUNT: _____ PAYMENT METHOD: _____
DAY / MONTH / YEAR EFT / CHEQUE