



510 Cynthia Street  
Saskatoon, SK S7L 7K7  
Phone: (306) 975-0800  
Fax: (306) 242-8007

## Canoe Kayak Saskatchewan Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Age Category: 0-12      13-18      19-54      55+

Membership Type: Athlete Member \_\_\_\_\_ Individual Member \_\_\_\_\_

Help us build a better profile of who is participating in canoe/kayak activity in Saskatchewan. The following question is voluntary but your help in providing this information is appreciated. If you wish to declare your Aboriginal ancestry, please circle one of the following that is most applicable. Please note that this declaration is voluntary:

Status/Treaty	Métis
Non-Status	Inuit

Please note that your membership to Canoe Kayak Saskatchewan is included when you become a member of one of any member club of Canoe Kayak Saskatchewan. If you join a club in the same year that you have taken out an individual membership, that membership can be transferred to your club upon request.

Please submit payment and membership, along with a cheque or money order for \$15.00 payable to:

Canoe Kayak Saskatchewan  
510 Cynthia Street  
Saskatoon, SK  
S7L 7K7



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Members:

- a) Will have access to Canoe Kayak Saskatchewan's athlete funding programs.
- b) Will have access to provincially operated programs and the funding made available to Member Clubs of Canoe Kayak Saskatchewan through participation in those programs.
- c) Will receive communication from Canoe Kayak Saskatchewan about developmental and high performance opportunities, skills clinics, upcoming events, funding opportunities and current news.
- d) Will have access to the Canoe Kayak Saskatchewan liability insurance program which provides liability coverage for sanctioned events and activities.
- e) Are covered under the Canoe Kayak Saskatchewan's sport accident insurance if registered as an Individual Member.
- f) Will have the opportunity to advertise upcoming courses and events through Canoe Kayak Saskatchewan.

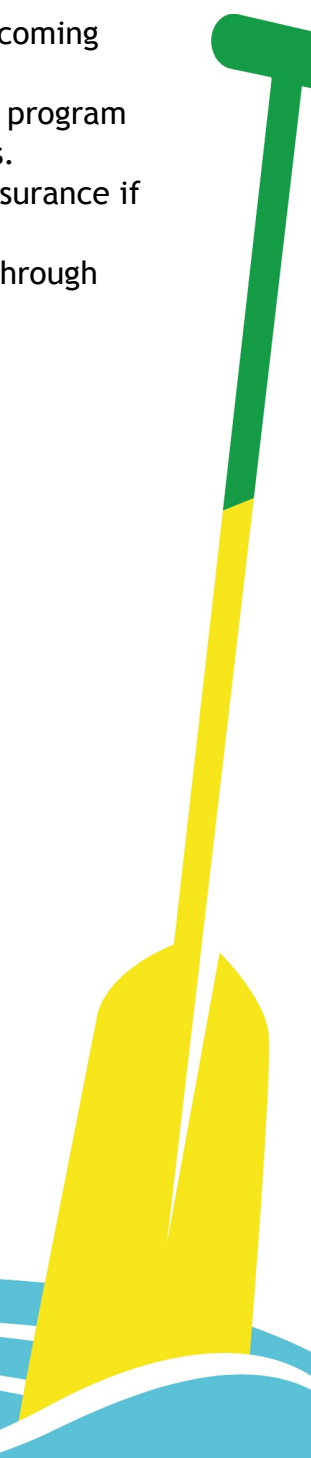
**For office use**

Date Received:

Designated Club:

Fees Paid:

Method of Payment:





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## **Canoe Kayak Saskatchewan Participant Agreement**

Canoe Kayak Saskatchewan (CKS) is a non-profit sport governing body which exists primarily for the benefit of its members, and others who participate in its programs, competitions, and other activities.

In consideration of CKS permitting me to participate in the programs and activities of CKS (the “CKS Programs”), I, the undersigned, hereby agree to the terms and conditions set forth in this agreement.

### **Awareness and Assumption of Risk**

I am aware that sprint canoe and kayaking involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. These risks extend to all aspects of participation in the CKS Programs, including, but not being limited to risks arising from training, competition, travel and transportation. In executing this agreement, and in participating in the programs and activities of CKS, I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

### **Medical Fitness and Treatment**

I am fully aware of the nature of the CKS Programs and the activities in which I may participate, and I am of the informed opinion that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe that such my health and physical condition should change so that it would be unsafe for me to continue to participate in such activity, I will immediately discontinue my further participation. I hereby give my consent to have any coach, assistant coach, trainer or other official of CKS act as my surrogate in securing ambulance service and to have an athletic trainer and/or doctor of medicine or dentistry provide me with medical assistance and/or treatment under whatever conditions are necessary to preserve my life, limb or well-being. Such consent shall not, however, establish a fiduciary relationship, nor be considered a power of attorney or health care proxy. I further agree to be responsible financially for the cost of each assistance and/or treatment rendered.



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### Release of Liability, Waiver of Claims Agreement

I agree:

1. To waive any and all claims that I may have in future against Canoe Kayak Saskatchewan AND OTHERS.
2. To release Canoe Kayak Saskatchewan AND OTHERS from any and all liability for any personal injury, death, damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity.
3. That this agreement is binding on not only myself by my next of kin, heirs, executors, administrators and assigns.

I have read this agreement and understand it. I am aware that by signing this document that I am waiving certain rights which I or my next of kin, heirs, executors, administrators and assigns may have against Canoe Kayak Saskatchewan AND OTHERS.

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Participant Signature

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Printed Name of Participant

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Parent/Guardian Signature if athlete is under 18 years of age

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Printed Name of Parent or Guardian if athlete is under 18 years of age