

# **PURE MOUNTAIN ADVENTURE REGISTRATION FORM & WAIVER**

Please complete registration information, read and sign the waiver, and return this form with payment to:  
Pure Mountain Adventure • 6 Cascade Place • Cochrane, Alberta T4C 1G6

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/ Female: \_\_\_\_\_

Address: \_\_\_\_\_ Postal/ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Province/ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

## **IMPORTANT - READ BEFORE AGREEING**

Please read and initial each box.

I acknowledge my participation in Pure Mountain Adventure Tours which may include and are not limited to snowshoeing, cross-country skiing, downhill skiing, hiking (winter/summer), mountain biking, golfing, water sports and all first aid programs carry with it the potential for property loss, serious injury and death. The risks include but are not limited to terrain, facilities, temperature, weather, equipment, vehicular traffic, and the actions of other people including guides, drivers and other participants. These risks are inherent in outdoor pursuits.

I certify that I am physically fit and capable of participating in adventure sports and have not been advised otherwise by a licensed, qualified medical practitioner. I certify that I have insurance to cover me in the event of needing medical treatment and to cover any losses associated with participation in this tour.

I fully accept and assume all risk of participating in the tour and accept personal responsibility for any damages and expenses arising from my participation.

## IMPORTANT - READ BEFORE AGREEING

Please read and initial each box.

I release and discharge any and all liability, and waive all claims, suits, and actions of any kind against releasees for death, disability, personal injury, property damage, theft, and any other loss or damages incurred that may hereafter accrue to me, my executors, administrators, heirs, next of kin, successors, and assigns arising out of or in any way connected with my participation in the tour, including claims arising from the releasees own negligence.

I acknowledge that this Accident Waiver and Release Form Liability is made for the benefit of Pure Mountain Adventure, the employees, contractors, owners, and their respective successors and assigns of Pure Mountain Adventure.

I give permission to Pure Mountain Adventure to use my photograph for advertising purposes.  
Please print Y for Yes or N for No.

I AGREE to the terms of this ACCIDENT WAIVER AND RELEASE FORM LIABILITY.

Participant: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Date signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Thank you for your cooperation.**