



**ACCEPTANCE OF LIABILITY FOR ATHLETES  
FOR USE AT EVENTS OR TRAINING CAMPS**

If an athlete is attending an event or training camp and does not have a Canada Snowboard licensed coach, from the club of which they are a member of, present, a person over the age of majority can accept the responsibility of liability for that athlete.

Note : SAIP Insurance requires a licensed coach to be responsible, this acceptance of liability does not satisfy the requirement for SAIP insurance, it only allows their liability coverage to be sufficient in order to participate.

1. Ensure the athlete is aware that the person signing will be responsible for them during the event or training camp. With this responsibility the person responsible can remove the athlete from the competition or training camp at any point, for any reason, without question.
2. Ensure that the person signing understands that they have the right to remove the athlete from competition or training camp at any time if they deem the course unsafe, the athlete's ability inadequate for the course/activities, or for any medical concern.
3. The person accepting responsibility must sign the below form.
4. The person accepting the responsibility must sign the Canada Snowboard Waiver.
5. The regular club coach / club administrator of which the athlete is a member of must sign the below form.
6. The person accepting responsibility must be present at the competition site or training camp for the complete duration of training and competition

The original copy of the waiver, and attached signed form must be emailed to the Canada Snowboard office at least 2 weeks prior to the event/training camp

**ACCEPTANCE OF LIABILITY BY A PERSON REPRESENTING AN ATHLETE AND  
ATHLETE RECOGNITION**

I agree that I will function as a Coach to and will be responsible for imparting information and advice regarding the following training and competition for the athlete named below:

NAME OF ATHLETE: \_\_\_\_\_

ATHLETES REGULAR CLUB: \_\_\_\_\_

FIS LICENSE CODE: \_\_\_\_\_

CALENDARED TRAINING CAMP OR EVENT: \_\_\_\_\_

DATE(S) OF TRAINING AND/OR COMPETITION: \_\_\_\_\_

LOCATION OF TRAINING AND/OR COMPETITION: \_\_\_\_\_

**TO BE COMPLETED BY COACH ACCEPTING LIABILITY**

I HAVE READ THIS ACCEPTANCE OF LIABILITY CAREFULLY AND HAVING DONE SO, I AM SIGNING IT VOLUNTARILY. BY SIGNING THIS I AGREE THAT I AM ADHERING TO THE POLICIES LAID OUT BY THE CANADA SNOWBOARD COACHING PROGRAM (CSCP) AND THE CANADA SNOWBOARD CODE OF CONDUCT.

PRINTED NAME OF COACH: \_\_\_\_\_

COACH'S CLUB: \_\_\_\_\_

NCCP NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TO BE COMPLETED BY ATHLETE'S REGULAR CLUB:**

I agree that athlete \_\_\_\_\_ who is a member of our club will have coach \_\_\_\_\_ act as an advisor to and will be responsible for imparting information and advice regarding training and/or competition.

PRINTED NAME OF CLUB: \_\_\_\_\_

PRINTED NAME OF CLUB COACH / ADMINISTRATOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED BY ATHLETE:**

I agree that coach \_\_\_\_\_ will act as an advisor to and will be responsible for imparting information and advice regarding training and/or competition.

PRINTED NAME OF ATHLETE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: \_\_\_\_\_