

Application to Participate in a Non-Skiing Event

1. We (*Name of Zone*) _____ request authorization to participate
in (*Name of Activity*) _____
(*Nature of Activity*) _____
being held by (*Name of Organization*) _____
on (*Date*) _____ at (*Place*) _____
between the hours of (*Time*) _____ and _____

2. Our involvement has been requested for the reasons as follows:

3. List reasons for your Zone's participation in this activity:
a) _____
b) _____
c) _____
d) _____

4. The advantages of our participation in this activity are as follows:
a) _____
b) _____
c) _____
d) _____

5. Patrollers will be identified in the following manner:
a) _____
b) _____
c) _____
d) _____

6. The number of people expected to participate is: _____

7. The number of spectators expected to be present is: _____

8. Media coverage Has been arranged () Has not been arranged ().

9. A special liability policy has been obtained from:
(*Agent's Name & Address*) _____
through (*Insurance Company*) _____
to cover this activity in the amount of \$ _____
(*Copy of Proposed Coverage Attached*)
We understand the cost is to be paid by: (*Zone/Third Party/Name*) _____

10. First-aid and/or medical facilities available are as follows:

(Also explain how CSPS members will be utilized).

- a) _____ b) _____
c) _____ d) _____

11. The following methods of transportation will be employed from the accident site to the first-aid facility.

- a) _____ b) _____
c) _____ d) _____

12. The following arrangements have been made to handle transportation from the First-aid facility to medical treatment.

- a) _____ b) _____
c) _____ d) _____

13. Additional training of CSPS members: Is required () Is not required ()
Please explain _____

14. Special First-aid equipment: Is required () Is not required ()
(If the answer is "Is required", How will CSPS members obtain the necessary equipment and training)

15. Communications will be handled in the following manner:

- a) _____ b) _____
c) _____ d) _____

16. What liaison systems have been arranged between the organizing group and the CSPS

17. Will the CSPS receive any donations for participating in this activity?
(If so, how is the amount determined? i.e.: percent of income, flat donation, other?)

Will a tax deductible receipt be required? YES () NO ()

18. Have other First-aid groups or medical personnel been approached to participate.
(If so, explain involvement or reason why they declined).

You must ensure that the name of the "CANADIAN SKI PATROL SYSTEM and its members" is mentioned as a named insured in the policy and forward a copy of this policy along with your application a minimum of 2 weeks prior to the event. The wording is essential to ensure that the CSPA and its members are protected from any legal aspects that may arise from the event. Your application cannot be considered without it.

Signature of Zone President: _____

CSPA Contact Name: _____

Telephone no: _____ Fax No: _____

Signature of Division President: _____