



**Canadian Adaptive Snowsports - Alberta**  
11759 Groat Road  
Edmonton, Alberta  
T5M 3K6

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**CADS Alberta Adaptive Equipment Lease Form**

**Participant Name:** \_\_\_\_\_ **CADS Member #:** \_\_\_\_\_

Participant Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CADS Zone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**CADS Zone Representative:** \_\_\_\_\_ **CADS Member #:** \_\_\_\_\_

**Equipment Requested:**

Sit-Ski (\$100.00): \_\_\_\_\_ Ski-Wing (\$50.00): \_\_\_\_\_ Outriggers (\$25.00): \_\_\_\_\_

Other (Tethers, etc.-\$10.00): \_\_\_\_\_ Please specify equipment type: \_\_\_\_\_

The above participant and CADS Alberta Zone representative have requested the above equipment for lease for the September 20\_\_\_\_ to April 20\_\_\_\_ season.

The participant and Zone are responsible for ensuring regular maintenance of the equipment with the expectation that the equipment be returned to CADS Alberta by the end of April, with all related parts and accessories.

**Should the participant be under the age of 18, please have a parent / guardian also sign below.**

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

Zone Representative Signature: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Equipment Tracking Number:** \_\_\_\_\_

**Equipment Details:** \_\_\_\_\_

**Please Email to: [executivecoordinator@cadsalberta.ca](mailto:executivecoordinator@cadsalberta.ca)**