



Canadian Adaptive Snowsports - Alberta

11759 Groat Road
Edmonton, Alberta
T5M 3K6

2025-26 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