## **Registration form:**

## Elk River Summer Biathlon Race, Aug 13, 2009

Name			Age	_Male/Female	
Category (circle one):	Master	Senior	Junior	Youth	Novice
Address		City		_State, Zip	
Phone	E -mail				
\$10 total fee					
Make checks payable	to Minnesota	Biathlon			
WAIVER AND RE	LEASE OF I	LIABILITY			
<b>Identification of Risk.</b> I, _ injury, including permanent actions, inactions, or negligon		th. I understand t	, know bia hat these injuri	thlon competition / tra les might result not on	nining involves risks of serious ly from my actions, but the
<b>Assumption of Risk.</b> I agreal risks, both known and un				pating in this biathlon	competition / training. I assume
City of Elk River, Sherburne advertisers, and owners/less	e County, and U.S ors of used premis / training. I intended	.B.A., and their af	ffiliate clubs, d s for liability, i	irectors, officers, emp njury, loss, or damage	a Biathlon, Twin Cities Biathlon, loyees, coaches, sponsors, connected with my participation ves, personal representatives,
<b>Insurance.</b> I currently have understand that this is my re					ical and accident insurance. I
I have read this agreement	t carefully, under	stand that I give	up substantia	l rights by signing it,	and sign it voluntarily.
			Date		
Participant's signature For participants under age I consent to the above perso unknown, and waive all clai	e 18: n's participation in				
Parent/guardian's signature			Date		_
i archivguaruran s signature					