Elk River Roller Ski Biathlon Race

September 12, 2010

Registration – 9:30 AM
Zero – 10:00 AM
Race Start – 10:45 AM

Name_____Age_____Male/Female_____

Category (circle one): Senior (21-29) Junior (19-20) Youth (18 and below)

Master (30 – 39) Senior Master (40 – 49) Veteran (50+)

Address_____City / State_____Zip_____

Phone_____E -mail _____

$10 - Make checks payable to Minnesota Biathlon

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I, _____, know biathlon competition / training involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of Risk. I agree that I am responsible for my safety while participating in this biathlon competition / training. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release, and hold Minnesota Biathlon, Twin Cities Biathlon, City of Elk River, Sherburne County, and U.S.B.A., and their affiliate clubs, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in this biathlon competition / training. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain throughout the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release any one else from providing it for me.

I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

_____Date_____
Participant's signature

For participants under age 18:
I consent to the above person's participation in this biathlon competition. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____Date_____
Parent/guardian's signature