



Senior World Team Trials Minnesota Cup #2,3
Dec 16-19, 2010

Mt. Itasca, Coleraine, MN

Sponsored by Mount Itasca Nordic Ski Association

Tentative Event schedule

Tue. Dec. 14	10:00am - 2:00 pm	Team Arrival Unofficial Training
Wed. Dec. 15	10:00 am - 12:00 pm 10:00 am - 11:30 am 5:00 pm	Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting – Mt. Itasca Biathlon Headquarters Election of Juries, Draws for Mass Start
Thu Dec. 16	9:45 am - 9:55 am 9:30 am - 10:00 am 10:00 am - 10:45 am 11:00 am 1:00 pm	Opening Ceremonies Registration Zero Mass Start Flower Ceremony
Fri. Dec. 17	10:00 am - 12:00 pm 10:00 am - 11:30 am 5:00 pm	Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting - Mt. Itasca Biathlon Headquarters
Sat. Dec.18	9:30 am – 10:00 am 10:00 am - 10:45 am 11:00 am 1:00 pm	Registration (MN Cup) Zero Sprint Competition Flower Ceremony
Sun Dec. 19	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 12:00 pm	Registration (MN Cup) Zero Pursuit Format Flower Ceremony

Changes to format will be posted at www.minnesotabiathlon.com

Travel: Grand Rapids/Coleraine area is 180 miles north of the Minneapolis/St. Paul, about 3½ hours of driving time; 75 miles NW of Duluth, and 300 miles S of Winnipeg.

Directions: From downtown Grand Rapids, take Hwy 169 North, traveling east out of Grand Rapids to Coleraine, about 6 miles. When entering Coleraine, turn left at Curly Ave – follow the Ole N. Mangseth Ski Jump signs. Go past the arena, left on Cty Rd 61 for ½ mile. Turn left into the Mt. Itasca driveway – stay left at the Y.

Housing: For hotel accommodations: contact the Grand Rapids Convention & Visitors Bureau, 218-326-9607, 1-800-355-9740 or <http://www.visitgrandrapids.com/vacations/lodging/motels/index.html>

Entry Fee: **Senior World Team Trials (12/16-12/19):** \$60.00 (U.S. Dollars) for 3 races
MN Cup (12/18-19): \$30.00 (U.S. Dollars) for 2 races, \$20.00 (U.S. Dollars) for 1 race

Trail Fee : **Unofficial training \$6.00/day**

Registration: Please complete Competitor Entry Form, with registration fee (U.S. Dollars) and mail to:
Mt. Itasca Nordic Ski Association
P.O. Box 813
Grand Rapids, MN 55744

All competitors are required to be USBA members in order to participate in races.

Membership information for USBA is available at www.usbiathlon.org

Registration with check (U.S. Dollars) due by December 9th, 2010

Coaches should also include a team entry form (attached).

For further race information, contact:

Petra Cervenkova, Race Secretary, pcervenkova@hotmail.com 218-999-5046 home, 218-256-8938 cell

Vladimir Cervenka, Chief of Competition, cervenkv@gmail.com , 218-256-8323 cell

Piotr Bednarski, Technical Delegate: MNbiathlon@aol.com, 952/237-0765 cell

Hotel, travel information: www.visitgrandrapids.com 218-326-9607, 1-800-355-9740

MN Biathlon www.minnesotabiathlon.com

U.S. Biathlon Association www.usbiathlon.org

Competitor Entry Form
Senior World Team Trials, MN Cup #2,3, Dec 16-19, 2010
Pre-registration with payment due December 9, 2010

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____ Country _____

Email: _____ Phone: _____ Birth date: ___/___/___ Age: _____

USBA #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone: _____

Race:

- Mass Start – Thu, Dec. 16
- Sprint – Saturday, Dec. 18
- Pursuit – Sunday, Dec. 19

Class/Age:

- | | |
|--|--|
| <input type="checkbox"/> Men /open | <input type="checkbox"/> Women / open |
| <input type="checkbox"/> Junior men: 19-20 years | <input type="checkbox"/> Junior women: 19-20 years |
| <input type="checkbox"/> Youth men: 17-18 years | <input type="checkbox"/> Youth women: 17-18 years |
| <input type="checkbox"/> Boys: 14-16 years | <input type="checkbox"/> Girls: 14 -16 years |
| <input type="checkbox"/> Masters Men | <input type="checkbox"/> Masters Women |

Entry Fees:

Senior World Team Trials (12/16-12/19)
Minnesota Cup (12/18-19)

- \$60.00 (U.S. Doll) for 3 races
- \$30.00 (U.S. Doll) for 2 races \$20.00 for 1 race

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to **Mt. Itasca Nordic Ski Association.**
Please enclose payment with registration form. Mail to: **Mt. Itasca Nordic Ski Association,**
P.O. Box 813
Grand Rapids, MN 55744

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, 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 biathlon training and competition. 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 harmless Mount Itasca Nordic Ski Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, 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 biathlon training and competition. 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 through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone 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.

Participant's signature

_____ Date _____

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

Parent/guardian's signature

_____ Date _____

Team Entry Form (for Coaches)
Senior World Team Trials Minnesota Cup #2,3

Dec 16-19, 2010

Pre-registration with payment due December 9, 2010

Team: _____ Coach: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Location where team will be staying: _____

Name (First & Last)	Category	Thursday 12/16 (Y or No)	Saturday 12/18 (Y or No)	Sunday 12/19 (Y or No)

Release: In consideration of the acceptance of this Team, I, for myself and all of the above-listed Team Members, my executers, administrators and assigns, do hereby release and discharge Mt. Itasca Nordic Ski Association, Mt. Itasca Ski and Outing Club, MN Biathlon, U.S. Biathlon Association, Mount Itasca biathlon sponsors, City of Coleraine, MN, and any other sponsors or volunteers from all claims or damages, actions whatsoever in any manner growing out of my participations in said athletic events. I further attest that all of the above-listed Team Members have signed similar release forms covering their participation in all Team events, including these competitions. I attest and verify that I have full knowledge of the risks involved in this event ant that the Team Members are physically fit and sufficiently trained to participate in this event.

_____ Date _____
 (Coach's signature)