Registration form:

Elk River Summer Biathlon Race, August 23, 2012

Name			Age	Male/Female
Category (circle one):	Master	Senior	Junior	r Youth Novice
Address		City		State, Zip
Phone	E -mail			
\$10 total fee				
Make checks payable	to Minnesota	Biathlon		
WAIVER AND RE	LEASE OF L	IABILITY		
Identification of Risk. I, _ injury, including permanent actions, inactions, or negligon	disability and deat	h. I understand that	_, know bia these injur	viathlon competition / training involves risks of serious uries might result not only from my actions, but the
Assumption of Risk. I agree all risks, both known and un				cipating in this biathlon competition / training. I assum
City of Elk River, Sherburne advertisers, and owners/less	e County, and U.S. ors of used premise / training. I intend	B.A., and their affil es from all claims for	iate clubs, d or liability, i	ase, and hold Minnesota Biathlon, Twin Cities Biathlon directors, officers, employees, coaches, sponsors, injury, loss, or damage connected with my participationalso apply to my relatives, personal representatives,
Insurance. I currently have understand that this is my re				rticipate, sufficient medical and accident insurance. I ding it for me.
I have read this agreement	t carefully, unders	stand that I give up	substantia	ial rights by signing it, and sign it voluntarily.
			Date	
Participant's signature For participants under ago I consent to the above perso unknown, and waive all clai	n's participation in	this biathlon comp	etition. I ac	acknowledge that I assume all risks, known and
			Date	
Parent/guardian's signature				