Registration form:
Elk River Summer Biathlon Race, July 28, 2011

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 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