



**US IBU Cup Trials      Minnesota Cup #2, 3**  
**Dec 13-17, 2014**  
**Mt. Itasca, Coleraine, MN**

*Sponsored by Mount Itasca Nordic Ski Association*

**Tentative Event schedule**

Thu, Dec. 11	10:00am - 2:00 pm	Unofficial Training
Fri, Dec. 12	9:00 am - 12:00 pm 9:00 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 Sprint Competition
Sat, Dec.13	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 12:00 pm	Registration ( <i>MN Cup</i> )/ Bib pick up Zero Sprint Competition Flower Ceremony
Sun, Dec.14	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 12:00 pm	Registration ( <i>MN Cup</i> )/ Bib pick up Zero Sprint Competition Flower Ceremony
Mon, Dec.15	9:00 am - 12:00 pm	Official Training
Tues, Dec 16	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 12:00 pm	Bib pick up Zero Mass Start Competition Flower Ceremony
Wed, Dec 17	8:30 am - 9:00 am 9:00 am - 9:45 am 10:00 am 11:30 am	Bib pick up Zero Sprint Competition Flower Ceremony

**USBA Standardized Waxing Protocol:** Standardized Waxing Protocol will be in effect for all junior and senior athletes taking part in the IBU Cup Trials.

Changes to format will be posted at [www.minnesotabiathlon.com](http://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:** **Sawmill Inn**  
2301 S Highway 169  
Grand Rapids, MN 55744  
(218) 326-8501  
(800) 235-6455

**Timberlake Lodge, Hotel, Event Center & Grand Splash Waterpark**  
144 SE 17th Street, 1 block from Highway 169  
Grand Rapids, MN 55744  
(218) 326-2600  
(866) 800-2200

For more 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:** **US IBU Cup Trials (12/13-12/17):** \$120.00 (U.S. Dollars) for 4 races  
**MN Cup (12/13-14):** \$40.00 (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**  
**825 SW 7 Ave**  
**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](http://www.usbiathlon.org)*

***Registration with check (U.S. Dollars) is due by December 11th, 2014***

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

For further race information, contact:

Petra Cervenkova, Race Secretary, [pcervenkova@hotmail.com](mailto:pcervenkova@hotmail.com) 218-999-5046 home, 218-256-8938 cell

Vladimir Cervenka, Chief of Competition, [cervenkv@gmail.com](mailto:cervenkv@gmail.com) , 218-256-8323 cell

Piotr Bednarski, Technical Delegate: [MNbiathlon@aol.com](mailto:MNbiathlon@aol.com), 952/237-0765 cell

Hotel, travel information: [www.visitgrandrapids.com](http://www.visitgrandrapids.com) 218-326-9607, 1-800-355-9740

MN Biathlon [www.minnesotabiathlon.com](http://www.minnesotabiathlon.com) U.S. Biathlon Association [www.usbiathlon.org](http://www.usbiathlon.org)

**Competitor Entry Form**  
**US IBU Cup Trials, MN Cup 2 & 3, Dec 13-17, 2014**  
*Pre-registration with payment due December 11<sup>th</sup>, 2014*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

USBA #: \_\_\_\_\_ Club or Team: \_\_\_\_\_

Staying in Grand Rapids area at: \_\_\_\_\_ Phone: \_\_\_\_\_

**Race:**

- Sprint – Saturday Dec. 13
- Sprint – Sunday, Dec. 14
- Mass Start – Tuesday, Dec. 16
- Sprint – Wednesday, Dec. 17

**Class/Age:**

- Men /open
- Junior men: 19-20 years
- Youth men: 17-18 years
- Boys: 14-16 years
- Masters Men
- Women / open
- Junior women: 19-20 year
- Youth women: 17-18 years
- Girls: 14-16 years
- Masters Women

**Entry Fees:**

***US IBU Cup Trials (12/13-12/17)***

***Minnesota Cup (12/13-14)***

\$120.00 (U.S. Doll) for 4 races

\$40.00 (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, (MINS)***

**825 SW 7 AVE**

**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.

\_\_\_\_\_ Date \_\_\_\_\_

Participant's signature

**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.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature

**Team Entry Form (for Coaches)**  
**US IBU Cup Trials Minnesota Cup 2 & 3**  
 Dec 13-17, 2014  
*Pre-registration with payment due December 12th, 2014*

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Location where team will be staying: \_\_\_\_\_

Name	Category	Sprint 12.13. (y/n)	Sprint 12.14. ( y/n)	Mass Start 12.16.( y/n)	Sprint 12.17.(y/n)

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.

\_\_\_\_\_  
 (Coach's signature) Date \_\_\_\_\_