



Minnesota Cup: Biathlon Race & Novice Race

Hosted by Mt.Itasca Nordic Ski Association

Date: **Saturday, March 10, 2018**
Place: **Mt.Itasca, Coleraine**
Race Format: **Mass Start (PPSS)**
Distance: **G, YW, JW, SW, MW: 7.5km**
B, YM, JM, SM, MM: 10km;
Registration: **9:30 AM – 10:00 AM**
Zero: **10:00 AM – 10:30 AM**
Race Start: **10:45 AM Mass Start**
Cost: **\$20 (cash or check payable to MINSA)**

Novice Race (recommended age: 13+)

- ~ Registration: 9:30 – 11:30am
- ~ No previous shooting experience necessary!
- ~ Instruction, Rifles, and Ammo provided.
- ~ Novice Race will follow the main race.
- ~ Safety Clinic prior to the race
- ~ Start approx. at 12-12:15PM
- ~ Race Format: Mass Start – 4.5k (3x1.5k), PP + penalty loop
- ~ Cost: \$20 (cash or check payable to MINSA)

Awards for Biathlon & Novice Race: after completion of both races.
Questions? Call Vlad or Petra 218-999-5046 or e-mail
cervenkv@gmail.com



Competitor Entry Form

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

Address: _____ City: _____ State: ___ Zip _____

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

Class/Age: EXPERIENCED Biathlete NOVICE

- | | |
|--|--|
| <input type="checkbox"/> Master men | <input type="checkbox"/> Masters women |
| <input type="checkbox"/> Senior men | <input type="checkbox"/> Senior women |
| <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: 15-16 years | <input type="checkbox"/> Girls: 15-16 years |

Entry Fees: \$ _____

Checks payable to Mt.Itasca Nordic Ski Association.

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 City of Coleraine, Minnesota Biathlon, Biathlon Community Development Programs, Minnesota Shooting Sports Education Center, United States Biathlon Association, Mount Itasca Ski and Outing, Mount Itasca Nordic Ski Association and its directors, officers, employees, coaches, volunteers, 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 the 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

