

# Elk River Roller Ski Race

Sponsored by Minnesota Biathlon and Twin Cities Biathlon  
Thursday, August 19th, 2021

**Woodland Trails Biathlon Range**

<http://www.minnesotabiathlon.com/mnbdirections.html>

## **Relay Format**

30 second start interval

3 skiing loops, 2 shooting stages, P/S, using spare relay rounds

All Men - **8.6km**

All Women - **6.6km**

## **Registration @ 5:30 PM**

Please have your paperwork filled out beforehand or sign up online.

**Zero @ 6:00 PM**

**Race Start @ 6:45 PM**

**\$10 / racer**

Cash or check made out to Minnesota Biathlon.

## **Racing?**

Contact Bill Meyer at [wmeyer@nisswa.net](mailto:wmeyer@nisswa.net), or sign-up online (save some paper!) at  
<https://forms.gle/D3mLGEXPHwmTCSDa8>

## **Interested in volunteering, or have other questions?**

Contact Brian at [brian@minnesotabiathlon.com](mailto:brian@minnesotabiathlon.com) or 651-366-2952

## Minnesota Biathlon - Elk River Range

Event Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Category (circle one): Master Senior Junior Youth Novice

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Waiver and Release of Liability

Identification of Risk. I, \_\_\_\_\_, know biathlon competition / training involves risks of serious injury or illness, 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, illness, 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 anyone 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 \_\_\_\_\_