



## 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: 19-21 years | <input type="checkbox"/> Junior women: 19-21 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**