

Please Join us for the  
Spring Biathlon Camp Elk River  
May 6th & 7th, 2023

[Woodland Trails Regional Park,](#)  
[20135 Elk Lake Rd NW, Elk River, MN 55330](#)

Kickoff the 2023 biathlon season at the Elk River range for new and experienced youth and junior athletes. Skills covered will include basic safety training, rifle fitting, rifle cleaning & maintenance, developing good positioning and range procedures, accuracy shooting from prone and standing positions, and ski technique.

**Cost:** Saturday: \$25, Sunday: \$15, Both days: \$35 (Please pay at the venue. Cash or Check. Please make checks payable to MN Biathlon)

**Saturday Schedule:**

8:30AM: Arrival, Check In, & Range Set Up (ALL Sessions will start at the Range)  
9:00AM-10:30AM: Group 1: Shooting Session 1 Group 2: Ski Technique Session 1  
10:30AM-12:00PM: Groups Switch  
12:00PM-1:00PM: Lunch on your own  
1:00PM-2:30PM: Group 1: Shooting Session 2 Group 2: Ski Technique Session 2  
2:30PM-4:00PM: Groups Switch

6:00PM-8:00PM **Official's Training** @ Elk River Country, 20015 Elk Lake Rd NW, Elk River, MN 55330. This venue is adjacent to Woodland Trails Regional Park. Clinic will be held in the basement of the clubhouse. (Please email Bill Meyer @ [wmeyer@nisswa.net](mailto:wmeyer@nisswa.net) if you would like to attend).

**Sunday Schedule:**

8:30AM: Arrival, Check In, & Range Set Up (ALL Sessions will start at the Range)  
9:00-10:15: Group 1: Shooting Session 3 Group 2: Ski Technique Session 3  
10:15-11:30: Groups Switch  
11:30-12:00: Partner Relays  
12:00PM-1:00PM: Clean up @ Range & Free Lunch/Rifle Cleaning Session @ Woodland Trails Pavilion. This will be a great opportunity for new families to meet and connect with other biathlon families and learn more about the program.

**NOTES:** The biathlon range is approximately a half mile hike from the parking lot. Please arrive on time to allow yourself enough time to get out there.

REGISTRATION FOR  
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Club or Team: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

- I will attend Saturday      Cost: \$25
- I will attend Sunday      Cost: \$15
- I will attend BOTH Saturday & Sunday      Cost: \$35

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 Twin Cities Biathlon, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Woodland Trails Park Commission, City of Elk River, 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 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.

Participant's signature: \_\_\_\_\_ Date \_\_\_\_\_

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.

Parent/Legal Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_