



Individual Entry Form

Registration with Payment **Due March 8, 2008 by 3:00PM**. Please enclose payment with registration form.

Mail to: 10th Mountain Ski Club, P O Box 540, Fort Kent, ME 04743 Or Fax to: 207-834-6204 Or Email to: jthibo@sjv.net

Last Name: _____ First Name: _____

Address: _____ City: _____ State/Prov: _____ Zip: _____

Email: _____ Phone: _____

Date of Birth: ____/____/____ Age: _____

USBA #: _____ Club or Team: _____

Emergency Contact Name: _____ Emergency Contact Telephone #: _____

COMPETITION INFORMATION – Please see poster for more information about each race.

Class – Circle those that apply			Events	Food/Fire/Fun
Men	Women	Moose Group	ALL	_____ # of extra tickets for the Food/Fire/Fun
Novice Men	Novice Women		Sprint	
Boys	Girls		Pursuit	
Middle School Boys	Middle School Girls			
			Fees	
			All Competitions	\$25.00
			Per Race	\$15.00
			Moose Group	\$5.00
			Extra Food/Fire/Fun	\$5.00
Total Payment Due				
FOR INFORMATIONAL PURPOSES: I have my own rifle				<input type="checkbox"/> Yes <input type="checkbox"/> No

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, the above named competitor, 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 or negligence of others.

Assumption of Risk. I agree that I am responsible for my safety while participating in biathlon training and completion. 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 10th Mountain Ski Club and Maine Winter Sports Center, volunteers, directors, officers, coaches, sponsors, advertisers, and owners/leasers 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:

In consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, know and unknown, and waive all claims in advance.

Parent/Guardian's Signature _____ Date _____