

For Official Use Only: Bib: _____ P1 _____ P2 _____ P3 _____ P4 _____ Time: _____
Adjusted Time: _____

Saratoga Biathlon Club

Biathlon Entry Form



Name: _____

Address: _____

Age: _____ Sex (circle one): M F USBA # _____

E-mail: _____ NYSSRA # _____

Biathlon Club: _____ Fee: _____

Class Designations (Circle one):

Boy/Girl: 13-16* Youth: 17-18* Junior: 19-20* Senior: 21-39*

Masters: 40+* Novice 17+* (beginners)

* Indicates age on December 31, 2007

Event (circle one): Sprint (1/19) Pursuit (1/20)

Spring Biathlon Race (3/16)

WAIVER AND RELEASE OF LIABILITY

In consideration for the rights and privileges associated with membership in the New York State Ski Racing Association -Nordic, Inc. I acknowledge and agree to be bound by the following:

1. Identification of Risks. I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities such as cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death, and other losses, due to inactions or negligence of myself or others.

2. Assumption of the Risk. I agree that I am responsible for my safety while participating in activities associated with NYSSRA - Nordic, Inc., and that such responsibility includes participation only; a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.

3. Waiver. Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the New York State Ski Racing Association - Nordic, Inc., its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with NYSSRA- Nordic, Inc., except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf.

4. Insurance. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

Signature: _____ Date: _____

For Members of Minor Age

This is to certify that, as parent/legal guardian of this above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature: _____ Date: _____