



Registration Form

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

BIB #: _____

Age: _____

TOTAL PAID: _____

Registration Fees

CASH / CHECK

_____ Trail pass: \$0 season pass holder / \$6 day pass (Michigan resident) / \$10 day pass (non-resident)

_____ \$10: 4k sport class (1 dog) / \$15: 11k expert class (1 dog or 2 dogs)

_____ \$5 late fee (entries received after 1/14/09)

All participants must sign form below OR parent/guardian must sign for skiers under 18 years of age.

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, know that Nordic skiing and skijoring are action sports carrying significant risk of personal injury. Racing is even more dangerous. I know that there are natural and man-made obstacles and hazards, surface and environmental conditions, and risks that in combination with my actions, and the actions of others, can cause me severe or fatal injury. I agree that I, as a participant in this event, must take an active role in understanding and accepting these risks, conditions and hazards. I hereby acknowledge that I have entered the event at my own risk and accept that risk. I verify that I am physically fit to participate in this event. I accept responsibility for the condition of my own equipment. I also acknowledge that I am responsible for my safety while I participate in this event. If skijoring, I acknowledge that my dogs are physically fit and trained to participate, and that I am fully responsible for the behavior, safety and well being of my dog(s).

Intending to be legally bound, I do hereby release Michigan Technological University, the race organizer, race officials, staff, volunteers, agents of the event, corporate sponsors and other event participants from any and all liability to me, my heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damages to property resulting from my participation in this event, and/or arising out of travel to and from this event.

In the event that I sustain injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

I HAVE READ THIS RELEASE AND WILL COMPLY WITH ITS PROVISIONS.

Signature: _____

Date: _____

Print Name: _____

FOR PARTICIPANTS UNDER AGE 18:

This is to certify that, as a parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above,

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Make checks payable to Michigan Tech.

Send entries to: Chris Schmidt 407 West Douglass Ave, Houghton MI 49931

