

Registration Form: 2023 Midwest Regional Biathlon Camp

Dates: Wednesday, June 14, 2023 through Saturday June 17, 2023

Location: Mt. Itasca Winter Sports Center

Name _____ Age _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Emergency Contact: _____

Biathlon Camp Fee: \$200 for entire camp or \$50 per day

Make checks payable to Minnesota Biathlon

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I, _____, know biathlon competition / training 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 this biathlon competition / training. 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 and release Minnesota Biathlon, City of Coleraine, Mount Itasca Ski and Outing, Mount Itasca Nordic Ski Association, United States Biathlon Association and their affiliate clubs, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises (Mount Itasca Winter Sports Center) from all claims for liability, injury, loss, or damage connected with my participation in this biathlon competition / training. 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 throughout the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release any one else 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 this biathlon competition. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

Parent/guardian's signature

Date _____