

## Maine State Biathlon Championships Entry Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Bib#: \_\_\_\_\_

IF MULTIPLE ENTRIES FROM ONE FAMILY:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Bib#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Bib#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Telephone #: \_\_\_\_\_

Competition Information – Please circle applicable category.

Category	Distance	Fee	# in Cat.	OFFICE USE
Experienced Biathletes Ages 14+ Men and Women	10 km Men (P,S) 7.5km Women (P,S)	\$20.00		
Ages 21+ Men and Women	4.5km (P,S)	\$20.00		
Ages 14-20 Men and Women	4.5km (P,S)	\$20.00		
Ages 10-13	3km (P,P)	\$20.00		
Ages 9 & Under	.5km (P,P)	\$10.00		

### WAIVER AND RELEASE OF LIABILITY

*Identification of risk.* I, the above named competitor(s), 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 own 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 10<sup>th</sup> 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 all risks, known and unknown, and waive all claims in advance.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: 10<sup>th</sup> Mountain Ski Club  
P.O. Box 541  
Fort Kent, ME 04743