



MAINE WINTER SPORTS CENTER PARTICIPANT BIOGRAPHY & LIABILITY WAIVER

Date: _____ Program Name: _____

Name: _____
Last First Middle

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

SS #: _____ - _____ - _____ Phone: _____ Mobile Phone: _____

Gender: Male Female Age: _____ Birth Date: ____/____/____

US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone # 1: _____ Phone # 2: _____

MWSC Waiver and Release of Liability

Identification of Risk: I, (participant) _____ understand that there are inherent and other risks involved in sport, that injuries are a common and ordinary occurrence, that biathlon, consisting of nordic skiing and rifle marksmanship, as well as nordic skiing 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 biathlon and nordic ski training and competition associated with the Maine Winter Sports Center, and that such responsibility includes being physically and psychologically prepared to participate, familiarizing myself with the venue before beginning and using equipment safely. I assume all risks, both known and unknown, connected with my participation.

Waiver: Being aware of the risks and willing to assume them, I hereby release from any legal liability United States Biathlon Association, Maine Winter Sports Center and its Board of Trustees, their agents, directors, officers, coaches, employees, sponsors, owners/lessors of used property and trails as well as the owners, manufacturers and distributors of equipment provided to me from liability for injury or death to myself or to any other person or damage to property resulting from my participation in biathlon and nordic ski training and competition and for any claim based upon negligence, breach of warranty, contract or other legal theory, accepting myself the full responsibility for any and such injury, death or damage which may result. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This agreement is governed by the applicable law of Maine. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force effect. This waiver does not release acts of gross negligence nor willful and wanton misconduct of any party.

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 signature

Date

FOR PARTICIPANTS OF MINORITY AGE

I consent to the above person's participation in Maine Winter Sports Center biathlon and nordic ski training and competition. I acknowledge, for myself and the above person, that we assume all risks, known and unknown, and waive all claims in advance. **I have read this agreement carefully, understand that the above person and I give up substantial rights by signing it, and sign it voluntarily.**

Parent/Guardian full name (in print)

Parent/Guardian full name (in print)

Date

MWSC HEALTH FORM

Name of participant _____

Name of primary care physician: _____

Health Insurance and policy number: _____

Parents/Guardians names and emergency phone numbers: _____

Please circle correctly

Environmental allergies: No Yes, please specify

Food Allergies No Yes, please specify

Allergies to medication No Yes, please specify

Asthma? No Yes, please specify inhaler

Regular medication? No Yes, please specify

Medical or health concerns? No Yes, please specify

Participant Signature

Date

For participants under age 18:

Parent/Guardian full name (in print)

Parent/Guardian signature

Date