

NORTH END SNOWSHOE CLASSIC

USSSA National Championship Qualifier

January 4, 2020

RACE ENTRY

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Email _____ Phone _____

USSSA Member ID Number: _____

Age (as of Jan. 4, 2020) _____ Gender: M F

Race Distance: 6km _____ 12km _____

Fees: 6 km & 12km - \$25 until January 3, \$30 on race day.

USSSA Members: \$20 until January 3, \$25 on race day.

Perks: All participants receive a Borah Teamwear hat (\$20 retail value) and post-race food.

Emergency contact:

Name _____ Phone _____

WAIVER AND RELEASE OF LIABILITY

Participant's Release: I know that snowshoeing carries a significant risk of serious personal injury, death or property damage. I also know that there are natural, mechanical and environmental conditions and risks, which independently or in combination with my activities may cause property damage, or severe or even fatal injuries. I agree that I alone am responsible for my safety while participating in this event. I specifically acknowledge that the following persons or entities including the North End Ski Club trail system, landowners, the promoters, the sponsors, the organizers, the officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety.

I specifically RELEASE and DISCHARGE, in advance, those parties from any and all liability whether known or unknown, even that liability that may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsibilities for the risks, conditions and hazards that may occur whether they now be known or unknown. I certify that I am physically fit, have trained sufficiently for participation in this event and have not been advised otherwise by a qualified medical person. I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, generally and specifically from any and all liability for death, personal injury or property damage, resulting in any way from my participation in this event. Parent must sign if participant is under age 18.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content (no faxed or photocopied signatures).

Participant signature _____

Please make payment to North End Ski Club and mail to P.O. Box 192, Cable, WI 54821. For further information, contact: Shelly Wilson, shellywilson68@gmail.com, (715)307-3720.