NYSSRA NORDIC ENTRY FORM

[Photocopy this form for race entries]

Last Name:		**First Name:**
Street:		**Phone:**
City:		**E-mail:**
State:	**Zip:**	**Club Name:**

Event Fee:	**$**	
1-day membership (as needed)	**$ 5.00**	
Total Amount Paid:	**$**	

Event:		
Date:	**Distance:**	**Bib #:**
Date of Birth:	**Gender: Male / Female**	

Competition Classification

Under 6 /U6 4-5
Under 8 /U8 6-7
Under10/U10 8-9
Under12/U12 10-11
Under14/U14 12-13
Under16/U16 14-15
Under18/U18 16-17
Under20/U20 18-19
Senior 20-29

All age groups are based on age on December 31st of the Season
Example for the 2050/2051 season, age on Dec. 31 of 2050 is the age used to determine age group.

Master 1 / M1: 30-34
Master 2 / M2: 35-39
Master 3 / M3: 40-44
Master 4 / M4: 45-49
Master 5 / M5: 50-54
Master 6 / M6: 55-59
Master 7 / M7: 60-64
Master 8 / M8: 65-69
Master 9 / M9: 70-74
Master 10 / M10: 75+

Each member/racer must complete the waiver below.

WAIVER AND RELEASE OF LIABILITY

In consideration for the rights and privileges associated with entry and participation in the above Nordic ski event, I acknowledge and agree to be bound by the following:

1. **Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others.
2. **Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with NYSSRA - Nordic, Inc., and that such responsibility includes participation only; a) when I am both physically and psychologically repaired to participate safely, b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to safely participate. I assume all risk connected with responsibility for any injury or loss connected with my participation.
3. **Waiver.** Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the New York State Ski Racing Association - Nordic, Inc., its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with NYSSRA - Nordic, Inc., except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf
4. **Insurance.** I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entitles from providing this coverage for me.

Signature:_____Date:_____

Printed Name:_____

For Members of Minor Age:
This is to certify that, as parent/legal guardian of this above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature:_____Date:_____

Parent/Guardian Name Printed:_____

Emergency Contact Information:

Name:_____ Phone #:(___)_____-_____