## **2017 PA NORDIC CHAMPIONSHIP**

Two adult races: \$55

Two youth division races: \$30

## WAIVER AND RELEASE OF LIABILITY

One adult race: \$40

One youth division race: \$25

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 inaction or negligence of myself or others.

Medical condition(s)

- 2. Assumption of the Risk: I agree that I am responsible for my safety while participating in the Pennsylvania Nordic Championship races, and that such responsibility includes participation only a) when I am both physically and psychologically prepared 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 participate safely. I assume all risk connected with responsibility for any injury or loss connected with my participation.
- 3. Waiver: Aware of risks and willing to assume them, I hereby waive, release and agree to hold harmless the Pennsylvania Cross Country Skiers Association (PACCSA), Wilderness Lodge, and the Pennsylvania Nordic Championship Race Committee, their 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 the Pennsylvania Nordic Championship races 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 apply also to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assign 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 entities from providing this coverage for me.

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## Photo Release

I agree to grant PACCSA and its authorized representatives permission to record on digital or film photography and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote PACCSA, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Signature	
Print Name	Date
1 1	Ty that, as parent/legal guardian of the above named o his/her agreement to be bound by each of the terms and
Parent/Guardian Signature	
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