



11th Annual
PENNSYLVANIA CHAMPIONSHIP
SNOWSHOE RACE
SATURDAY JAN 30, 2016, 8AM
ALL COMPETITORS WELCOME- INCLUDING BEGINNERS

LOCATION: SPRING MOUNTAIN SKI AREA, 757 SPRING MOUNT
ROAD, SPRING MOUNT, PA. 19478

DIRECTIONS: SEE WWW.SPRINGMOUNTAINADVENTURES.COM

LODGING: SEE WWW.SPRINGMOUNTAINADVENTURES.COM

REGISTRATION: BEGINS AT 7 A.M. RACE STARTS 8:00 SHARP

ENTRY FEE: \$25, \$30 DAY OF EVENT, INCLUDES REFRESHMENTS, AWARDS,
GOODY BAG, RAFFLE

RENTALS AVAIL. FOR \$5: LIMITED SUPPLY-RESERVATIONS SUGGESTED

E-MAIL: EDMYERS52@HOTMAIL.COM **CALL** 484-941-3728

COURSE: IF NATURAL SNOW- (5K LOOP) MTN TRAILS, SOME GROOMED
MACHINE SNOW- 5K (2.5K LOOP)
NO SNOW- TRAIL RUN

AWARDS: TOP MALE & FEMALE OVERALL- 1ST MASTERS MALE & FEMALE

1ST IN AGE GROUP AWARDS: 15-19, 20-29, 30-39, 40-49, 50-59, 60+

CHECKS TO: SPRING MOUNTAIN ADVENTURES, BOX 1276, SPRING MOUNT, PA. 19478

NAME

ADDRESS

PHONE

AGE

D.O.B.

SEX

PLEASE READ & SIGN WAIVER ON BACK

USSSA Standard Event Liability Waiver

This Waiver *Must Be Signed By All Participants and Volunteers Associated With Any USSSA Sanctioned Event*. This Waiver Cannot Be Altered, Except With Written Permission From the United States Snowshoe Association. Be sure to include yourself and all entities covered by this waiver where highlighted in the waiver. You must include this waiver with your event entry form.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and or producers of the event, and lack of hydration.. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, leased, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. **I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows; (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my travel to and from this event;** THE FOLLOWING ENTITIES OR PERSONS: United States Snowshoe Association (USSSA), Insta Results, Frank Gaval, DCNR, Ed Myers, Spring Mountain Adventures, Inc., 3rd Generation Partnership, Upper Salford Township, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, USSSA sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. I hereby certify that I have read this document and I understand its content.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature _____ Date _____

If under 18-years old, Parent or guardian must also sign)

Signature of Parent or Guardian Date _____