



Nordic Wolves & Pups Registration



Please submit completed form by 12/16/17 to:

Minocqua Winter Park
PO Box 1090 PMB 234
Minocqua, WI 54548

Email to: events@minocquawinterpark.org

Participant Information:

First Name: _____ Last Name: _____ Grade/School _____

Skiing Ability: Never skied Beginner Intermediate Advanced

First Name: _____ Last Name: _____ Grade/School _____

Skiing Ability: Never skied Beginner Intermediate Advanced

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Are there any special medical conditions or dietary restrictions that we should know about?

Do you have any specific goals for your child(ren)?

Parent / Guardian Info

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____

May we text you with program updates/cancellations? YES / NO Are you interested in carpooling? YES / NO

Athlete's Release: Acknowledgement and Assumption of Risk Release: I know that skiing is an action sport carrying 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 to me or others. I agree that I alone am responsible for: (a) my safety while participating in competitive events and, (b) providing, utilizing and maintaining that equipment necessary for the safe enjoyment of my participation in such events and specifically acknowledge that the following persons or entities including Minocqua Winter Park employees and volunteers, 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 which may arise out of negligence or carelessness on the part of persons and entities identified above. 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 participating in competitive events. I currently have, and I agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that it is my sole responsibility and release all persons and entities identified above from providing this coverage for me. I agree that I will accept and abide by any rules or regulations imposed by the organizers of any particular competition. This Acknowledgement and Assumption of Risk and Release shall be binding upon my heirs and assigns. **Photography Release:** I hereby grant absolute right and permission to the Lakeland Ski Touring Foundation to use photographic portraits of me for illustration, promotion and advertising purposes.

*** I have read and agree to the terms of the Athletes Acknowledgment and Assumption of Risk Release? (parent/guardian must sign for those under 18)

Parent/Guardian Signature: _____ **Date:** _____

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