Vasaloppet

FEBRUARY 14, 2010

1-800-368-6672 • (320) 679-2629 • FAX: 320-679-4840
E-Mail: information@vasaloppet.org

VASALOPPET RELAY

REGISTRATION FORM

OR ONLINE AT: www.vasaloppet.org

1. TEAM NAME

CAPTAIN'S INFORMATION

2. LAST NAME | FIRST | MIDDLE INITIAL

3. SEX Circle (M F) | AGE (As of 12/31/09) | Date of Birth Month Day Year

How many times have you competed the Vasaloppet USA? ☐

4. ADDRESS Check if new address ☐

5. CITY | STATE | ZIP/POSTAL CODE | NATION

6. PHONE Day/Evening | E-Mail Address

Team Captain signs registration waiver. All other team members will sign waiver when they pick up their race packet.

WAIVER MUST BE SIGNED! WAIVER AND RELEASE OF LIABILITY

1. Identification of Risks. I understand that participation in any skiing activity, including but not limited to preparation for, participation in, coaching and related activities in nordic and freestyle, competitions ("the Activity"), involves risks of serious injury, including permanent disability, death and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions, inactions or negligence of others.

2. Assumption of the Risk. I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participating in the Activity 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 safely participate in the Activity, I assume all risks connected with responsibility for any injury or loss connected with my participation in the Activity.

3. Waiver. Aware of the risks and willing to assume them, I hereby waive, release and hold harmless Mora Vasaloppet, Inc., officers, directors, employees, agents, event organizers or sponsors ("Release Parties") from all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim on my behalf.

4. Applicable Law. This waiver and release informed under and is to be interpreted consistent with laws of the state of Minnesota.

5. Insurance. I currently have, and agree to maintain throughout the time that I participate, 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.

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND HAVING DONE SO I AM SIGNING IT VOLUNTARILY.

Signature _____

Printed Name _____ Date _____

FOR ATHLETES OF MINORITY AGE

(If athlete is less than 21 years of age and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania or Wyoming, or less than 18 years of age and a resident of any other state, then the parent or legal guardian must sign below.)

This is to certify that, as parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____

FEE SCHEDULE

Cost per team of five

Through 12/31/09	$200.00
1/1/10 - 2/6/10	$210.00
2/7/10 - 2/12/10	$215.00
2/13/10 - Saturday	$225.00

No race day registrations

MAKE CHECKS PAYABLE TO AND MAIL REGISTRATION FORM TO:

Vasaloppet, Inc. P.O. Box 22, Mora, MN 55051

☐ Check Enclosed ☐ VISA ☐ MasterCard ☐ Discover

Account # _____ Exp. Date _____

Signature: _____

Maps of the checkpoint locations and any updated information will be sent with your registration confirmation.