

2017 Springloppet



Sunday, March 12, 2017, Sugar Hills Ski Trails/ Itasca County

Springloppet: 24k Skate, 12k Skate, 12k Classic

Age groups for Springloppet: 18 years old and under,
Men and Women 19-39,
Masters Men and Women 40+

Schedule: 10:00 AM Registration opens, bib pick-up
11:00 AM Start

Entry Fee: Springloppet \$ 25.00, 18 years old and under \$15.00

Registration: Race day at Sugar Hills.
Registration form and schedule available at www.skinnyski.com
Please pre-register by sending the entry form to pcervenkova@hotmail.com,

Directions: *From South: 169 North 10miles - after Hill City left on 17 - than 2.5miles left on CR 449 up the hill 3miles - Sugar Hills on your left.*
From North: 169 South from Grand Rapids 5miles right on 17 - after 2.5 miles left on CR 449 up the hill 3 miles – Sugar Hills on your left.

Contacts: Vlad Cervenka – Race Coordinator,

cervenkv@hotmail.com , phone: (218) 999-5046



Springloppet Entry Form

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____

Email: _____ Phone: _____ Birth date: ___ / ___ / ___ Age: _____

Race:

24 km Skate 12 km Skate 12 km Classic

Entry Fee:

\$25.00 Springloppet
\$15.00 Springloppet (18years old and under)

Total amount enclosed: \$ _____ U.S. Dollars.
Checks payable to **Mt. Itasca Nordic Ski Association**. Please enclose payment with registration form.

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that nordic skiing involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of risk. I agree that I am responsible for my safety while participating in nordic skiing competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Nordic Ski Association, Northern Lights Nordic Ski Club, United States Biathlon Association, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/leasers of used premises from all claims for liability, injury, loss, or damage connected with my participation. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.
I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

_____ Date _____
Participant's signature

For Participants under age 18:

I consent to the above person's participation in nordic skiing competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____ Date _____
Parent/guardian's signature

