

Introduction to Biathlon Day

Hosted by Twin Cities Biathlon

Come Try the Exciting Sport of Biathlon!

If you have wanted to try biathlon, here's your chance. We have a summer program available for ages 13-20. Adult training opportunities also available over the summer.

When: Sunday, May 3, 2009, begins at 12noon-2pm

Where: Elk River Biathlon Range, Woodland Trails Park

- Directions -

<http://www.minnesotabiathlon.com/mnbdirections.html>

Who: Ages 13-20 from 12noon-1:30pm, Age 21+ 2pm

How Much?: NO COST, but you need to bring your registration/waiver. Can also register at the Elk River Range

Schedule:

- **12:00pm: Instruction in biathlon marksmanship**
- **12:30pm: Combo training- real biathlon**
- **1:15pm: Mini races- compete against other novices in short relay races**
- **2:00pm: Parents Informational meeting**
- **2:00pm: Biathlon Instruction for Adults**
- **2:00pm: Rollerski workout for Juniors with Olympian Carolyn Bramante**

Registration and Questions:

- **Please register** by e-mailing Ben Kremer at kremer333@gmail.com- he will email you a registration form/waiver to bring with you.
- **Any questions?** - Call Ben at 612-387-2002 or e-mail (address above). Also go to www.minnesotabiathlon.com for information

Registration Form:

Introduction to Biathlon Day, May 3, 2009

Name _____ Age _____ Male/Female _____

Address _____ City/State _____ Zip _____

Phone _____ E-mail _____

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I, _____, know biathlon competition / training 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 this biathlon competition / training. 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 Minnesota Biathlon, Twin Cities Biathlon, City of Elk River, Sherburne County, and U.S.B.A., and their affiliate clubs, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in this biathlon competition / training. 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 throughout the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release any one else 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.

Participant's signature Date _____

For participants under age 18:

I consent to the above person's participation in this biathlon competition. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

Parent/guardian's signature Date _____