



**WAUSAU NORDIC SKIERS ANNUAL
SNEKKEVIK SKI EVENT
SATURDAY
January 20, 2007**

Nine Mile Ski Area, Wausau, WI

- Classic and Skate – Mass Starts
- Pre-registration must be **received** by Wednesday, January 17th, 2007
- Day of race registration is from 8:00 – 9:30 AM at Nine Mile
Registration closes at 9:30
- You must ski the race corresponding to your age.
- Awards: Recognition to racers 8 and under, and top 3 ages 9-11, 12-13, 14-15, 16-18.
No Adult Age Group Awards
All registered skiers will be entered in a DRAWING for MERCHANDISE
(must be present for drawing)
- Merchandise to the first 50 registered adults (will not be mailed!)
- Make checks payable to: **Wausau Nordic Ski Club**
- **Mail to :** **Greg Kresse**
7107 Blueberry Ln
Wausau, WI 54401

Race	Pre	Late	Class
1 K	FREE	FREE	8 & Under
3.5 K	\$5.00	\$5.00	9-11, & 12-13
6 K	\$7.00	\$7.00	14-15, & 16-18
12 K classic or skate	\$15.00	\$20.00	Adults 19 + (both races add \$10)

Order Of Start	Distance	Class/Age	Start Time
1	12 K Classic	Adults 19 & Over	09:00
2	6 K	High School Boys & Girls	09:30
3	3.5 K	Boys & Girls 9-13	09:45
4	12K Skate	Adults 19 & Over	10:15
5	1 K	Boys & Girls 8 & Under	10:30

(Over – See Second Page)

SNEKKEVIK CLASSIC or SKATE

PLEASE PRINT ALL INFORMATION

BIB # _____ SEX (circle) Male Female Age _____ Date of Birth _____
Month/day/year

NAME: _____
(last) (first) (middle initial)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HIGH SCHOOL TEAM: _____

AGE CLASS (circle) < 8, 9-11, 12-13, 14-15, 16-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+

DISTANCE (circle) 1 K 3.5 K 6 K 12 K Classic
(Classic races Only) 12 K Skate
(circle which race you are doing)

AMATEUR ATHLETIC - WAIVER AND RELEASE OF LIABILITY

You must sign the Liability Waiver or have your parent/guardian sign if under 18

In consideration of being allowed to participate in any way in an athletics/sports program, and related events and activities:

1. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the sponsoring organization, its affiliated clubs, their respective administrators, officers, directors, agents and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of any releasees or otherwise in connection with association of participation in and/or arising out of my travel to, participation in and returning from participation in the event.
5. In the event that I sustain injury or illness while participating, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

I HAVE READ THIS RELEASE AND WILL COMPLY WITH ITS PROVISIONS..

SIGNATURE _____ PRINTED NAME _____ DATE _____

FOR ATHLETES OF MINORITY AGE

This is to certify that, as a 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 SIGNED _____
NED _____