

New England Nordic Ski Association Race Entry Form

Event: _____ Date: _____

Name: _____ NENSA #: _____

Cell Phone: _____ Email: _____

Town: _____ State: _____

Club: _____

Date of Birth: _____ Age: _____ Class: _____ Sex: M F

Bib #: _____ (leave blank, to be filled by the race director)

Entries Received Without Payment Will Not Be Processed (unless specifically noted otherwise by race organizers)

NENSA membership is required for participation in all Eastern Cup events, and for scoring on the Zak Cup Points List. One-day and full memberships will be available at all Eastern Cup events. One-day members will not be scored on any points list.

Waiver:

In consideration for the rights and privileges associated with participation in a New England Nordic Ski Association event, I acknowledge and agree to be bound by the following:

- 1. Identification of Risks.** I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inactions or negligence of myself or others.
- 2. Assumption of the Risk.** I agree that I am responsible for my safety while participating in activities associated with NENSA, and that such responsibility includes participation 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. I assume all risk connected with responsibility for any injury or loss connected with my participation.
- 3. Waiver.** Aware of the risks and willing to assume them. I hereby waive, release and agree to hold harmless the New England Nordic Ski Association, its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with NENSA, except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who may pursue any legal action or claim on my behalf.
- 4. Insurance.** I currently have, and agree to maintain throughout the time that I train and compete, 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.

Signature: _____ Date: _____

If an applicant is under 18 years of age, a parent or guardian *signature* and *printed name* is required.