

Iola Winter Sports Club Winter Carnival Tournament

February 7, 2010

Ski Jumper Information			Emergency Contact Information	
Name:			Name:	
Address:			Address:	
City, State:		Zip:	City, State:	
Phone:	Cell:		Phone:	Cell:
Birthdate:	Age on 1/1/10:	Sex: M or F	USSA# (K40 and K60 required):	Club Name:

Check the applicable box to register for that hill. Skiers can register for a higher age class to ski a larger jump (limit 2 jumps total per tournament). **Open class skiers can only jump on 1 hill.**

Age Classes	K5	K10	K30	K40	K60	Nordic Combined
Open (if older than class listed below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J6 (7 & under)	<input type="checkbox"/>					<input type="checkbox"/>
J5 (8 & 9)		<input type="checkbox"/>				<input type="checkbox"/>
J4 (10 & 11)			<input type="checkbox"/>			<input type="checkbox"/>
J3 (12 & 13)				<input type="checkbox"/>		<input type="checkbox"/>
J2 (14 & 15)					<input type="checkbox"/>	<input type="checkbox"/>
J1 Men (16-17)/J1 Women (16-19)					<input type="checkbox"/>	<input type="checkbox"/>
OJ Men (18-19)					<input type="checkbox"/>	<input type="checkbox"/>
Senior (20-29)					<input type="checkbox"/>	<input type="checkbox"/>
Master (1-5): _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tournament Fees (please make checks payable to IWSC)	
Tournament Fee	<input type="checkbox"/> \$25
Additional Hill Fee	<input type="checkbox"/> \$10
Pre-Registration Discount	<input type="checkbox"/> -\$5
Nordic Combined Fee	<input type="checkbox"/> \$5
Total Due:	\$

To Pre-Register: Email this completed form on or before 2/4/10 to iwsc@rocketmail.com or fax to 715-445-2810. Registration closes at 10am on 2/7/10. Call Denise Taylor with questions: 715-581-1437

No skier will be allowed to compete unless jumping fees have been paid and waiver below is 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 alpine, nordic, freestyle, speed and snowboarding 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 the Iola Winter Sports Club and its affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors ("Released Parties") from all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity, 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 might pursue any legal action or claim on my behalf.

4. Applicable Law: This waiver and release is formed under and is to be interpreted consistent with laws of the State of Wisconsin.

5. 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.

I have read this waiver and release of liability carefully and having done so, I am signing it voluntarily.

Participant Signature
Printed Name
Date

For athletes of minority age: if athlete is less than 21 years of age and a resident of WV, AL, MS, NE, PA or WY, or less than 18 years of age and a resident of any other state, then the parent/legal guardian must also sign below.

Parent/Guardian Signature
Printed Name
Date
Relationship