**Registration Form/Liability Waiver**

**RISKI use only:**

**BIB#**

**The RI Ski Runner’s 67th ANNUAL**

**Ski & Snowboard Event**

**Sunday**

**February 9th, 2020**

**Hosted by**

**Wachusett Mountain**

Registration Form

|  |  |  |
| --- | --- | --- |
| \*Name: | \*M/F: | \*DOB: |

|  |  |
| --- | --- |
| \*Address: | \*City: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*State: | \*Zip: | Phone: | \*E-mail: |  |

(print clearly, please)

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Skier:** | **\*Snowboarder:** |  | **New racer/change of address:** |

**LIABILITY WAIVER**

I, the undersigned participant, in consideration of my entry being accepted, and for other valuable considerations, for myself, my heirs, my personal representatives, and assigns, hereby release and forever discharge the Rhode Island Ski Runners, Inc., Wachusett Mountain Ski Area, its agents and its sponsors from any and all claims that might result from injury I sustain in participating in the 67th Rhode Island Ski & Board Event. I further agree to hold harmless and indemnify its agents and sponsors should any claims be brought against them on my behalf.

I hereby covenant not to sue nor bring any legal claim or proceeding against the Rhode Island Ski Runners, Inc., Wachusett Mountain Ski Area, its agents and its sponsors from any and all claims that might result from injury I sustain in participating in the 67th Rhode Island Ski & Board Event. I warrant that I am sufficiently trained and conditioned to participate in the 67th Rhode Island Ski & Board Event and have no physical or mental impairment which would make it inadvisable for me to participate. The Rhode Island Ski Runners Inc. and Wachusett Mountain Ski Area may rely on the representation contained herein.

I understand that participation in the 67th Rhode Island Ski & Board Event involves exertion as well as risk of injury, and I assume all risk of injury that may result from my participation in the Event.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Signature: |  | Date: |  |

**Parent or Guardian if under 18**

To Pre-Register:

Snail-mail with a check ($15)

Print & complete the Reg form, and with a check made out to RISKI, send to:

Alison Pardee 17 Burton Street Bristol RI 02809

Venmo ($15)

Complete Reg. form and send to: awpardee@gmail.com

RISKI use only:

$15 pre-reg. check/Venmo

$16 pre-reg. PayPal

$20 Day of Race

$21 Day of Race PayPal

PayPal ($16)

Complete Reg. form and send to: awpardee@gmail.com

\*Name of Payer:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email of Payer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of Racer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Required Field**