**Registration Form/Liability Waiver**

 **RISKI use only:**

**BIB#**

**The RI Ski Runner’s 70th ANNUAL**

**Ski & Snowboard Event**

**Sunday**

**February 2, 2025**

**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:** **[ ]**  |

**T shirt size: [ ] Lg Youth, [ ] S Adult, [ ] M Adult, [ ] L Adult, [ ] XL Adult, [ ] XXL Adult**

**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 70th 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 70th Rhode Island Ski & Board Event. I warrant that I am sufficiently trained and conditioned to participate in the 70th 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 70th 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**

Pre-Registration only

US mail 1) $20 check made out to RISKI. 2) Print & complete the Registration form. 3) Mail to:

 Alison Pardee 16 Monkey Wrench Lane Bristol RI 02809

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Venmo : 1)$20 to @JoeDiorioRISKI 2) Complete Registration form 3) Send to: awpardee@gmail.com

 “What’s this for?” put Racer Name

PayPal: 1) $22 (Use link on website) 2) Complete Registration form 3) send to: awpardee@gmail.com

If paying by Venmo or PayPal Please complete below information

RISKI use only:

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

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

\*Name of RACER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Required Field**