



2025 Summer Program

Athlete Name:

Age:

Athlete Address:

Birth Date:

Athlete Phone #:

Athlete Email Address:

Parents/Guardians Name:

Parents/Guardians Email:

Parents/Guardians Phone #'s:

Health Insurance (company name and policy number)

Health Comments and Concerns:

Activity and Fee - 9 Week Program

_____ Four Days a Week (36 sessions)~ Ages 14 to 19 years: \$450

_____ Two Days a Week (18 sessions) ~ Ages 14 to 19 years: \$225

_____ Pay per session @\$18

Information on each program, dates and times can be found on the website: www.northxc.com.

Please return registration form via email or mail. Payment by check, cash or Venmo:

Midnight Sun Events - North XC - P.O. Box 3315 Duluth, MN 55803

I, _____, know that cross-country skiing is an action sport carrying significant risk of serious injury, death or property damage. I also know that there are natural and environmental conditions and risks, which independently or in combination with my activities may cause property damage, or severe or even fatal injuries to others or me. I agree that I am alone responsible for my safety while participating in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including NorthXC, the sponsors, the organizers, coaches, the officials and any agent representative, officer, director, employee, member or affiliate of my person or entity named above are not responsible for my safety. I specifically RELEASE and DISCHARGE, in advance, those parties from any and all liability, whether known or unknown, even though liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsibility for the risks, conditions, and hazards which may occur whether they be known or unknown. Being fully aware of the risks, conditions, and hazards of the proposed activity, as a competitor and NorthXC participant, I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in competitive events or training for competitive events, against any person or entity identified above whether such injury or damage was foreseeable. I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, generally and specifically, from any and all liability for death, personal injury or property damage resulting in any way from my participating in competitive events or training for competitive events. PHOTO and VIDEO RELEASE: I grant Midnight Sun Events, its representatives and employees the right to take photographs or videos of me in connection with the above-identified activities. I authorize Midnight Sun, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I currently have, and I 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 identified above from providing coverage for me.

This Acknowledgment and Assumption of Risk and Release shall be binding upon my heirs and assigns.

Athlete Signature: _____ Date: _____

By signing this Acknowledgment and Assumption of Risk and Release as Parent/Guardian, I am consenting to the competitor's participation in competitive skiing and training and acknowledge that I understand that any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance. By signing this waiver I am granting permission to NorthXC staff/coaches to obtain emergency medical attention if it is not possible to reach the legal guardians by phone.

Parent/Guardian Signature (if athlete is under 18 years old): _____ Date: _____