

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

2020 Fall 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) | |
| Activity days and Fees: | | |
| | Three days a week ~ plus Bonus Sessions ~ Ages 14 to 19 years: \$240 | |
| | Two days a week - plus Bonus sessions~ Ages 14 to 19 years: \$160 | |
| | One day a Week - plus Bonus sessions ~ Ages 14 to 19 years: \$80 | |
| | Pay per session. \$10.00 Invoiced at the end of session. | |
| The Fall Session is 8 weeks long starting the week of September 15th to the week of November 1st. Information on each program, dates and times can be found on the website: www.northxc.com . | | |
| Please return registration form and check to: Midnight Sun Events - North XC - P.O. Box 3315 Duluth, MN 55803 | | |
| activities I agree acknow represe specific may ari condition. Being f WAIVE may he identifies I furthe all liabil compet photogic I currer unders: | know that cross-country skiing is an action sport carrying significantly damage. I also know that there are natural and environmental conditions and risks, which independent and cause property damage, or severe or even fatal injuries to others or me. That I am alone responsible for my safety while participating in competitive events and/or training for dedge that the following persons or entities including NorthXC, the sponsors, the organizers, coache entative, officer, director, employee, member or affiliate of my person or entity named above are not eatily RELEASE and DISCHARGE, in advance, those parties from any and all liability, whether known see out of negligence or carelessness on the part of persons or entities mentioned above. I agree to one, and hazards which may occur whether they be known or unknown. Sully aware of the risks, conditions, and hazards of the proposed activity, as a competitor and NorthX, RELEASE AND DISCHARGE any and all claims for damages for death, personal injury or property reafter accrue to me as a result of my participation in competitive events or training for competitive data above whether such injury or damage was foreseeable. The agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, ger ity for death, personal injury or property damage resulting in any way from my participating in competitive events. PHOTO and VIDEO RELEASE: I grant Midnight Sun Events, its representatives and raphs or videos of me in connection with the above-identified activities. I authorize Midnight Sun, its ht, use and publish the same in print and/or electronically. The train and compete, valid and sufficient metand that this is my sole responsibility and release all persons and entities identified above from provision where the provision of Risk and Release shall be binding upon my heirs and assigns. | pendently or in combination with my or competitive events and specifically es, the officials and any agent responsible for my safety. In or unknown, even though liability accept all responsibility for the risks accept all responsibility for the r |
| Date:_ | | |
| Athlete | Signature: | |
| 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. | | |
| Date:_ | | |