



32st Annual Sunflower Relay Event 5/12/12 Team Registration Form

Early registration fee is \$35 per team member - (\$20 for 14 & under members)

\$45/\$30 team member after April 20th

Team entry forms **must be received** via US mail at the MVSTA office by Friday April 20th to qualify for early registration and receive a t-shirt. Postmark your entry EARLY to:
MVSTA – PO Box 147, Winthrop WA 98862

Contact Team Member Name (Required): _____

Address (Required): _____

City (Required): _____ State (Required): _____ Zip (Required): _____

Phone: _____ Email (Required): _____

Team Information *** PLEASE PRINT LEGIBLY***

*Team Name: _____ # of Teammates: _____

*Leg 1 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 2 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 3 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 4 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 5 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 6 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

*Leg 7 Name: _____ *Birthdate: _____ *Gender: _____ *Shirt Size: _____

Shirt sizes: men's XS – XXL; women's XS - XL; kids S, M, L

How did you find out about this race?

Please Complete the Waiver

We know that running, mountain biking, Nordic and freestyle skiing are action sports carrying significant risk of serious personal injury, death or property damage. I also know that there are natural, mechanical and environmental conditions and risks which independently or in combination with my activities may cause property damage, or severe or even fatal injuries to me or others.

I agree that I alone am responsible for (a) my safety while participating in competitive events and/or training for competitive events and, (b) providing, utilizing, and maintaining that equipment necessary for the safe enjoyment of my participation in such events and specifically acknowledge that the following persons or entities including the Methow Valley Sport Trails Association, the ski area, the promoters, the sponsors, the organizers, the promoters clubs, the officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety. I specifically RELEASE and DISCHARGE, in advance, those parties from any liability whether, known or unknown, even though that liability may arise out of negligence or carelessness on the part of persons or entities mentioned herein. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether they now be known or unknown.

Being fully aware of the risks, conditions and hazards of the proposed activity as a competitor, coach or official, 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 any participation in competitive events or training for competitive events, against any person or entity identified above whether such injury or damage was foreseeable or not, including any such claims regarding the design or condition of any equipment used by me in such recreation and/or competitive events without regard to whether such equipment is specified or recommended by such persons or entities identified above.

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.

I currently have, and I agree to maintain throughout the time that I recreate, train and compete, valid and sufficient medical and accident insurance. I understand that this is solely my responsibility and I release all persons and entities identified herein from providing this coverage for me. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the races or events. I further assume and will pay my own medical expenses. Further, I hereby grant full permission to the Methow Valley Sport Trails Association and/or agents hereby authorized by them, to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose at any time. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to severe weather conditions, natural disasters, or threats to local and national security including suspected terrorist activity.

I agree that I will accept and abide by the rules and regulations imposed by the organizers of any particular competition. This Acknowledgment and Assumption of Risk and Release shall be binding upon my heirs and assigns.

Signature #1: _____ Date: _____

Signature #2: _____ Date: _____

Signature #3: _____ Date: _____

Signature #4: _____ Date: _____

Signature #5: _____ Date: _____

Signature #6: _____ Date: _____

Signature #7: _____ Date: _____

Minor Release

By signing this Acknowledgment of Risk and Release as Parent/Guardian, I am consenting to the competitor's participation in recreation or 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.

Signature #1: _____ Date: _____

Signature #2: _____ Date: _____

Signature #3: _____ Date: _____

Signature #4: _____ Date: _____