

**Springloppet (well known as Winterloppet)
+ Candy Cup # 4**

When: Saturday, March 7th, 2009

Where: Sugar Hills Ski Trails, Itasca County

Distance: Springloppet: 24k Skate, 12k Skate, 12k Classic

Candy Cup: 3k, 1k, 200m, 100m Skate

Age groups for Springloppet:

18 years old and under, men and women 19-39,
masters 40+

Age groups and distances for Candy Cup:

4 year old and under (100m), 5-6 years old (200m), 7-8
and 9-10 years old (1k), 11-12 and 13-14 years old (3k)

Schedule: 10:15 AM Registration opens, bib pick-up

11:00 AM 12k Classic Race

11:20 AM Skate 24k + Skate 12k

1:00 PM Candy Cup

Entry Fee \$ 25.00 Springloppet, \$15.00 for 18 years old and under

\$ 5.00 Kid's race - Candy Cup #4

Registration: Race day at Sugar Hills. Please pre-register by sending the entry form to pcervenkova@hotmail.com

Directions:

From South: 169 North 10miles - after Hill City left on 17 - than 2.5miles left on CR 449 up the hill 3miles - Sugar Hills on your left.

From North: 169 South from Grand Rapids 5miles right on 17 - after 2.5 miles left on CR 449 up the hill 3 miles – Sugar Hills on your left.

Contacts: Vlad Cervenka – Race Coordinator , e-mail: cervenkv@hotmail.com
phone: 218 256 8323

Springloppet Entry Form

March 7, 2009

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____

Email: _____ Phone: _____ Birth date: ___ / ___ / ___ Age: _____

Race:

- 24 km Skate 12 km Skate 12 km Classic Candy Cup

Entry Fee:

- \$25.00 Springloppet
 \$15.00 Springloppet (18years old and under)
 \$5.00 Candy Cup

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to Mt. Itasca Biathlon Association.

Please enclose payment with registration form.

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of risk. I agree that I am responsible for my safety while participating in biathlon training and competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Biathlon Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in biathlon training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.

I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

_____ Date _____
Participant's signature

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____ Date _____
Parent/guardian's signature

For office use: Amt Pd _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash Initials _____
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