Orienteering Event Registration

Event Name/Location:		**Event Date:**
First Name:		**Last Name:**
Address 1:		
Address 2:		
City:	**State:**	**Postal Code:**
Cell Phone:		**Home Phone:**
Email:	**Gender:**	**Year Born:**
Club: *NONE BFLO ROC OTHER*:		**If BFLO, membership type:** *Family Single*
Is this your first time orienteering? *YES NO*		
Course:	**SI-card#:**	**Fee:**
Group Name (if applicable):		

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in any way in the Orienteering USA member club event, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

1. I acknowledge that I understand that there are risks associated with orienteering activities and that I am in good health and if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. The risks may cause minor injuries, serious injuries or in extreme circumstances even death.
2. I understand that the risks associated with orienteering may be caused by me through my own actions, or inaction, or the actions or inaction of others participating in the activity and that there may be other risks either not known to me or not readily foreseeable. I fully accept all such risks and responsibility for losses, costs and damages I incur as a result of my participation in the activity.
3. I hereby accept and assume all such risks, and assume all responsibility for the losses, costs and/or damages following such injury, or death, even if caused in whole or in part, by the negligence of any and all of those involved with the running of the event and hold them harmless.
4. I acknowledge that Club events are held in public parks and spaces, and that the Club does not have the exclusive right to control and make the premises safe for my participation in the activity or to exclude other members of the public from using such public parks and spaces. I acknowledge that the fee that has been paid is a participation fee and not an access fee to the public parks and spaces where events are held.
5. I acknowledge loss of SI-Card (a.k.a. dibbler, e-punch, or finger stick) will incur a $45 fee.
6. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely without the inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ _____ _____

Signature of Participant | Print Name | Date

If Participant(s) is(are) under age 18, use line(s) below…

_____ _____ _____ _____

Signature of Parent/Legal Guardian | Print Name of Parent/Legal Guardian | Print Name of Minor Child | Date

_____ _____ _____ _____

Signature of Parent/Legal Guardian | Print Name of Parent/Legal Guardian | Print Name of Minor Child | Date