



Loppet Challenge Fitness Club - Run 2008

CFC-Run REGISTRATION FORM

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

DOB (Participants must be over 18 years of age) _____

- Costs: \$50 Cash
 Check (make checks payable to the City of Lakes Nordic Ski Foundation)

REGISTRATION: Download the registration form and return it to:

**City of Lakes Nordic Ski Foundation
1301 Theodore Wirth Parkway
Minneapolis, MN 55422**

DATES, TIMES AND OTHER INFORMATION:

- Classes start Monday, July 7, 2008 and run through September 20, 2008
- Meet at 6:30 p.m. at the Theodore Wirth Chalet (1301 Theodore Wirth Parkway)
- Workouts generally start between 6:45 and 7:00
- Check www.cityoflakesloppet.com for updates and the latest news!
- Wear comfortable clothes, running or trail running shoes.
- Call **612-604-5330** with any questions.

Waiver and Release of Liability

I know that running and trail running 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 that independently or in combination with my activities may cause property damage, or severe or even fatal injury 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 City of Minneapolis, Minneapolis Park and Recreation Board, Minneapolis Public Schools, the promoters, the sponsors, the organizers, 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 and all liability whether known or unknown, even that liability which may arise out of negligence or carelessness on the part of persons or entities named above. I agree to accept all responsibility for the risks, conditions, and hazards which may occur whether they be known or unknown. I further agree to 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 through the time that I train and compete, valid and sufficient medical and accidental insurance. I understand that this is my sole responsibility and release all persons and entities identified above from providing this coverage for me. I agree that I will accept and abide by the rules and regulations imposed by the organizers of this event. This Acknowledgment and Assumption of Risk and Release shall be binding upon my heirs and assigns. Entry fees are non-refundable and non-transferable for any reason.

Sign here _____ Date _____

Print Name _____ Date _____