

Capital Region Nordic Alliance, Inc. Capital Hills Waiver Form

Identification of Risk. I know that year round CRNA sports (XC Skiing, Biathlon, Orienteering and Snowshoeing/Trail Running) involve risks of a variety of injuries. 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 renting CRNA equipment at Capital Hills (CH) as well as participating in nordic lessons, tours or events-or other CRNA specific activity. Issues related to trails at Capital Hills are to be reported to Golf Course Staff as CRNA is not responsible for trail grooming and maintenance. 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, CRNA, the sports' National Governing Bodies, coaches, sponsors, advertisers, owners/lessors, and owners/staff/volunteers of used premises for all claims of liability, injury, loss, or damage connected with my participation in 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 the 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.

Name _____ Age _____

Street Address _____ City, St _____ Zip _____

Telephone (_____) _____ E-Mail _____ Gender: M F

Participant's Signature _____ Date _____

Participant a minor, Guardian signature _____ Date _____

Name _____ Age _____

Street Address _____ City, St _____ Zip _____

Telephone (_____) _____ E-Mail _____ Gender: M F

Participant's Signature _____ Date _____

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