

Saranac Lake Winter Carnival Committee



P.O. Box 829 * Saranac Lake, NY 12983 (518) 891-4344

113th SARANAC LAKE WINTER CARNIVAL TEEN/ADULT CROSS –COUNTRY SKI RACES

DATE: SUNDAY, FEBRUARY 14, 2010, TIME: 10:00 AM
PLACE: DEWEY MOUNTAIN RECREATION CENTER

NAME:

ADDRESS:

TELEPHONE:

	AGE:	MALE	FEMALE	
*	13 - 18	5K.....	5K.....	*
	19 - 35	5K.....	5K.....	
	36 - 49	5K.....	5K.....	
	50+	5K.....	5K.....	

ADVANCE ENTRY FEE: \$5.00 RACE DAY ENTRY FEE \$6
(Make checks payable to Saranac Lake Winter Carnival Committee).

DROP OFF FORMS AT: SARANAC LAKE AREA CHAMBER OF COMMERCE
193 RIVER STREET / SARANAC LAKE, NY 12983

PARTICIPANT RELEASE

I agree that there is an inherent danger in the sport of Cross-Country Skiing. I agree not to hold responsible the organizers, sponsors or land owners involved with this event liable for any injury incurred by me and/or my minor child while participating in this activity. I further give permission for my name and photograph to be used for educational and publicity purposes related to the sport of Cross-Country Skiing and the Dewey Mountain Cross-Country Ski Area, the Saranac Lake Area Chamber of Commerce, and the Winter Carnival Committee. Furthermore, I release any and all royalties thereof.

ENTRANT SIGNATURE: _____

PARENT SIGNATURE (if under 18) _____

SIGN RELEASE FORM ON BACK



**ADIRONDACK LAKES & TRAILS OUTFITTERS
541 LAKE FLOWER AVENUE
SARANAC LAKE, NEW YORK 12983**

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in any of the programs, activities and related events of Adirondack Lakes & Trails Outfitters, Inc., I/we the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program, activity or event is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I AND/or any children or persons in my care knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for myself and /or any children or persons in my care.
3. I and/or any children or persons in my care, willingly agree and comply with the stated and customary terms and conditions for participation. If, however, I and/or any children or persons in my care observe any unusual significant hazard during my/our presence or participation, I and/or any children or persons in my care will remove myself/ourselves from participation and bring such to the attention of Adirondack Lakes & Trails Outfitters, Inc. immediately; and
4. I, for myself and/or any children or persons in my care and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Adirondack Lakes & Trails Outfitters, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises or equipment used for the activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND/OR ANY CHILDREN OR PERSONS IN MY CARE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name - Please Print

Address

Signature of Participant OR Parent/Legal
Guardian if participant is a minor child

Age (if under 18)

Date