

Nicolet

NATIONAL BANK



Sunday May 20th, 2018

Perch Lake Shelter
7650 County Park Rd, Rhineland, WI 54501
Washburn Silent Sports Cross County Ski Trails

Race Start 12:00 pm
Registration 9:30am - 11:30am
Cost \$25
\$10 High School & Younger

Racer Information

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

E-mail:

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For Registration Use

Gender Male Female

Distance Long Short

Age on Race Day

Age Category 13 & Under 14-19 20-29 30-39 40-49 50-59 60-69
70 & Over

RELEASE AND CONSENT

In consideration of Rhinelander Area Silent Trails Association (RASTA), all landowners involved, all sponsors involved, and affiliated parties involved permitting (me) (my child _____, who is under 18) to participate in the above-named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my child) may have against RASTA, all landowners involved, all sponsors and affiliated parties, their directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Release Parties in connection with the event.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness, writings or biographical information and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of Release Parties.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon (me) (my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child's).

Signature of Participant _____

Date _____

I affirm that I am the parent/legal guardian of _____
and that I have full authority to authorize his/her
participation in the above reference event.

Signature of Parent or Legal Gaurdian _____

Date _____



RASTA
PO Box 442
Rhinelander, WI 54501
www.rastatrails.org
rasta@rastatrails.org

register, become a member, donate - rastatrails.org