

Registration/Release

Please indicate what event(s) you are participating in:

- General activities - Free**
- 4.5 mile Classic Ski Loppet - \$10 ages 16 and up**
- Skate Ski Relay Race - \$10 per team**
- Other members in 4 person team: _____

I would like to be assigned to a team.

Release: I assume any and all risks associated with participating in this event, including, but not limited to; falls; contact with other participants, volunteers, spectators, and traffic; adverse weather conditions; and the condition of the course. Knowing these facts, I hereby for myself, my heirs, executors, administrators, personal representatives or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Bigfork Valley Winter Challenge Ski Loppet and Skate Ski Relay events and any other organization associated with the event, including the Minnesota Scenic State Park, Minnesota DNR, Itasca County Sheriff's Dept., Bigfork Valley, Northern Itasca Hospital District, Bigfork Fire Department, volunteers, including the agents, employees, assigns or anyone acting for or on behalf of any of them, from any and all claims or liability for death, personal injury, or property damage, of any kind or nature, arising out of, or in the course of, my participation in this event, whether foreseen, or unforeseen, known or unknown.

Ski Race Participants: I understand that a ski race is a potentially hazardous activity. I enter and participate in this event certifying that I am medically able and properly trained. I also know that a portion of the ski loppet course is a snowmobile route and although all attempts will be made to detour snowmobile traffic during the race, there may be instances beyond our control to reroute snowmobile traffic. I assume the risk of being in snowmobile traffic. I understand that entry fees I pay are not refundable, except if the event is cancelled by Bigfork Valley.

Publicity Release: I also understand and agree that this organization or event may subsequently use for publicity and/or promotional purposes my name and/or photographs of me participating in the Winter Challenge in print or on the web without obligation or liability.

I have read the foregoing and certify my agreement by my signature below.

Date: _____

Signature: _____
(Parent if under 18)

Name: _____
(Please Print)

Address: _____

City, State, ZIP: _____

Phone#: _____

Email: _____

(To receive updates and Challenge event notices.)

Entry fee for 4.5 mile classic ski loppet:

\$10 ages 16 and up. (15 and under free)

Entry fee for skate ski relay team: \$10

PAID: Cash Check# _____

Online _____
(Please print confirmation number)

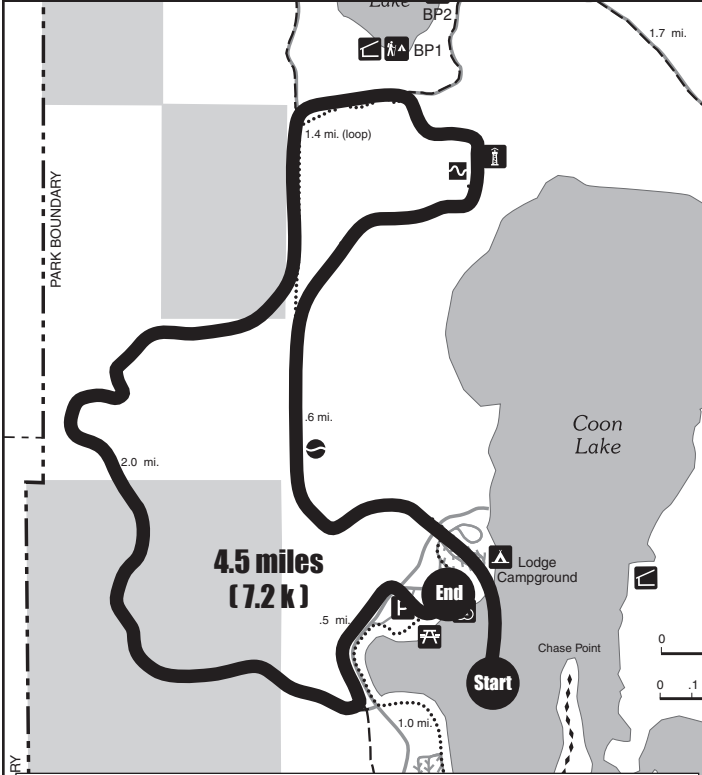
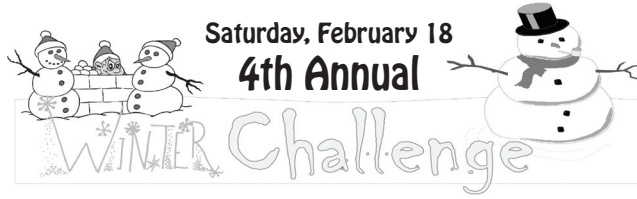
Please check if you need daily State Park*:

Vehicle pass Ski pass

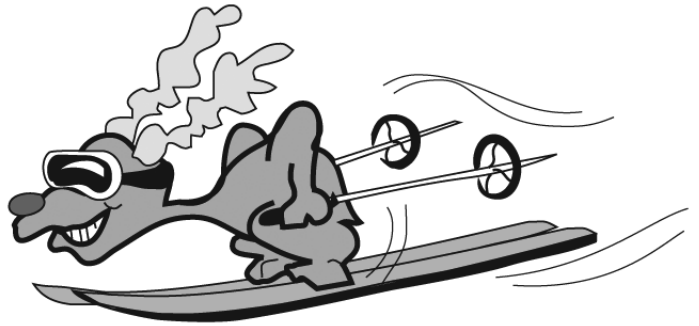
* Daily State Park vehicle and ski passes underwritten by Bigfork Valley for daytime events.

Saturday, February 18

4th Annual



Ski loppet race map



Skate ski relay race map

