

39th Annual Chama Chile Ski Classic, January 14-16, 2012, RACE REGISTRATION FORM

For more INFO: www.chamaski.com email: chiliskiclassic@yahoo.com **575-756-2746**

Races: 1/14/2012: Freestyle 7.5K & 15K 1/15/2012: Classic Style 5K & 10K, 5K Snowshoe, 5K Ski/5K Snowshoe & 10K Ski/5K Snowshoe Combined

2012 Race Fees 7.5K Freestyle Adult = \$20, 7.5K Freestyle (17 & under)=\$10, 15K Freestyle Adult = \$30, 15K Freestyle (15-17 yrs.) = \$10, 10K Classic Adult = \$30.00, 10K Classic (15-17 yrs.) = \$10.00 10K Adult Classic & 5K Snowshoe Combined = \$40, 10K Classic & 5K Snowshoe Combined (15-17 yrs.) = \$10, 5K Adult Classic = \$20.00, 5K Classic (17 & Under) = \$10, 5K Adult Ski & 5K Snowshoe Combined = \$30.00, 5K Ski & 5K Snowshoe Combined (15-17 yrs.) = \$10.00, 5K Adult Snowshoe = \$20.00, 5K Snowshoe (17 & Under) = \$10.00, Children under 12 years old must ski/snowshoe with an adult.

\$5.00 Late Fee for race day registration **ACTIVE.COM REGISTRATION CLOSES 1/13/2012, 6 PM**
RACER'S INFO: Saturday 1/14 - 8:00- 10:00 a.m.- Race Day Registration for Freestyle Races **10:00 a.m.-** Race Day Bib Pick-Up for PRE-Registered racers at Race Site (You must indicate that you will be picking up your bib at the race site when you register & pay or your bib will not be available at the race site!) **10:45 am** – Racers must be in staging area. **11:00 am:** 15K Ski Start **11:20 am (approx.):** 7.5K Ski Start **3:00 pm:** Race results posted at High Country Restaurant. **5:00 pm:** Awards Ceremony for Freestyle racers at High Country Restaurant. Live Entertainment to Follow Awards Ceremony. **Sunday 1/15 – 8:00 – 9:15 am –** Race Day Registration for Classic & other Races **9:15 am** – Race Day Bib Pick-up for PRE-Registered racers at Race Site (You must indicate that you will be picking up your bib at the race site when you register & pay or your bib will not be available at the race site!) **9:45 am –10 K Racers** must be in staging area. **10:00 a.m.-** 10K Ski Start **11:00 5K Skiers & 5K Snowshoers must be in staging area. 11:15 am – 5K Ski Start with 5K Snowshoe race to begin shortly after. 4:00 pm-**Race Results posted at the High Country Restaurant. **4:00 p.m. –** Awards Ceremony at High Country Restaurant.

First Name: _____ **Last Name:** _____ **Sex:** M / F

E-mail Address: _____ @ _____ **PHONE:** (_____) _____ **TShirt Size:** S M L XL

Address: _____ **City** _____ **State** _____ **ZIP CODE** _____

Age: _____ (on race day) **Race Day Emergency Contact Name:** _____ **Phone:** (_____) _____

Categories: Saturday: 7.5K Freestyle _____ 15K Freestyle _____ **Sunday:** 5K Classic _____ 10K Classic _____ 5K Shoe _____ 5K Ski/5K Shoe _____ 10K Ski/5K Shoe _____

First Time Participants: How did you find out about the Chama Chile Ski Classic? ___Direct Mail ___Posters ___Website ___Other (please specify) _____

Is this a Team Entry? (5K Classic Ski only) _____ **If Yes, what is your Team Name?** _____

***For mail-in entries: Where will you pick up your race bib? (Circle)** Registration Center Race Site **You MUST pay in advance to pick up your bib at the race site.**

Make checks payable to: The ROTARY CLUB OF CHAMA VALLEY Please mail entries to: CCSC C/o DeBoer, HC75 BOX 66, Chama, NM 87520

WAIVER AND RELEASE OF LIABILITY (Please Read and Understand Your Rights): In consideration for the rights and privileges associated with being allowed to participate in any way in the Chama Chile Ski Classic Race and related events and activities, hereafter known as the CCSC, I acknowledge and agree to be bound by the following: **1. Identification of Risks:** I understand that participation in any skiing activity, including, but not limited to, preparation for, participation in, coaching and related activities in alpine, Nordic, freestyle, speed and snow shoe competitions ("the Activity"), involves risks of serious injury, including permanent disability, death, and other losses, both to me and my property. I understand these injuries and losses might result not only from my actions, but the actions, inactions, or negligence of others, including race management and volunteers. **2. Assumption of the Risk:** I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participating in the Activity only: a)when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the Activity, and c)while using the equipment of a type and condition reasonable necessary to safely participate in the Activity. I assume all risks connected with responsibility for any injury or loss connected with my participation in the Activity. **3. Waiver:** Aware of the risks and willing to assume them, I hereby waive, release, and hold harmless the Rotary Club of The Chama Valley and each of those organizations, affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers, sponsors, volunteers, and if applicable, owners and lessors of premises used to conduct the event, ("Released Parties")from all claims by me, for any liability, injury, loss or damage in any way connected with my participation in the Activity. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim on my behalf. **4. Applicable Law:** This waiver and release is formed under and is to be interpreted consistent with laws of the state of Colorado and New Mexico. **5. Insurance:** I currently have, and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me. **6. Medical Treatment:** In the event that I sustain injury or illness while participating in the CCSC, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. I further assume any and all financial responsibility that may be incurred in the event I require emergency medical care and/or emergency evacuation from the racecourse, including but not limited to air evacuation. **7. Media Coverage:** I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, television, radio, or film coverage of the CCSC in any manner incidental to my participation in the CCSC, and without compensation to me.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY

SIGNATURE (Parent signature if entrant is under 18 years) _____ **PRINT NAME** _____ **DATE** _____

(SEE PAGE 2 FOR SATURDAY & MONDAY EVENTS REGISTRATION)

39TH Annual Chama Chile Ski Classic SATURDAY & MONDAY EVENTS REGISTRATION

To register for events on Saturday, January 14, 2012, or Monday, January 16, 2012, please provide the following information and sign the Waiver And Release Of Liability. Registrations are not accepted without the signed waiver. One registration form per participant, please! Return this form and payment to: Chama Chile Ski Classic, c/o DeBoer, HC 75 Box 66, Chama, NM, 87520

For more information about the weekend events, visit www.chamaski.com.

Last Name: _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: (_____) _____ E-mail Address: _____ @ _____

Sex: M / F Age: _____ (on event day) Saturday Events: Ski Tour (Free) _____ Classic XC Techniques (beginner to advanced)(\$15) _____ Avalanche Rescue (\$20) _____

Classic Ski Waxing Clinic (Free) _____ Kids Broom Hockey(Free) _____ Yoga for Racers(\$10) _____

Monday Events: Telemark Clinic(\$15) _____ Spruce Hole Yurt Tour (Free) _____ Yurt Tour(Free) _____

Event Day Emergency Contact Name: _____ Phone: (_____) _____

Make checks payable to: CHAMA VALLEY ROTARY CLUB Please mail entries to: CCSC C/o DeBoer, HC75 BOX 66, Chama, NM 87520
For more information visit www.ChamaSki.com

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SIGNATURE _____ PRINT NAME _____ DATE _____