



2019 Tour of Anchorage Registration Form

Race Day - Sunday, March 3, 2019

BIB #

Bib Pick Up at APU Moseley Center – Fri, March 1, 3-7pm & Sat, March 2, 10am-12pm
 Register online at: www.AnchorageNordicSki.com

Name	Age (as of 12/31/18)	Birthday (mm/dd/yy)	Sex (circle one) M F
Address	City	State	ZIP
E-mail		Phone ()	

Which race do you wish to enter?

25K Classic
 25K Freestyle
 40K Freestyle
 50K Freestyle (50K racers must be 18 by 12/31/18.)

Wave Assignments are based on rank order of PACE times of all the racers registered for each race event. Final wave assignments will be made after the close of online registration 2-28-19. Times for Anchorage based racers will be calculated using results from the 2016, 2017, 2018 Tour of Anchorage and 30 K times from 2016, 2017, 2018 Pia's and Sven Johansson races. Non-Anchorage skiers may use a time from a verifiable 24 K or greater race in the past 3 years.
Waves will be posted online the week before the race.

Are you skiing with a partner? Name of partner _____

Name of Non-Anchorage Race over 24 KM: _____ **Year:** _____ **Distance:** _____

Time: _____ **Results Website:** _____

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT. READ BEFORE SIGNING. I understand that cross country skiing, as well as preparation for participation in Nordic competitions, involves many RISKS, DANGERS and HAZARDS. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skiers/riders or equipment, and exceeding ones own abilities. I further understand that ski training and competition may be more hazardous than recreational skiing. I understand that INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities. I know that the risk of SEVERE INJURY and even DEATH exists in all training and competition locations and activities. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the Nordic Skiing Association of Anchorage, Inc., American Cross Country Skiers (AXCS), and the Municipality of Anchorage, their subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors, sponsors and representatives (hereinafter collectively NSAA) cannot guarantee my safety. With full knowledge and understanding of the RISK OF SEVERE INJURY AND DEATH involved in ski training and competition, I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES, even if I follow the instructions or advice of NSAA. In partial consideration of NSAA's acceptance of my entry, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter Entrant) agrees to comply with and be bound by the following terms at all times, whether training or participating for competition, or in competition, including the Tour of Anchorage.

- Entrant hereby unconditionally WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND AND INDEMNIFY NSAA FROM ANY CLAIMS, present or future based on injury or damage to Entrant or his/her property, including any loss, damage, expense, or injury (including DEATH), suffered by Entrant arising out of, from or in connection with Entrant's participation in the Tour of Anchorage, due to any cause whatsoever, INCLUDING NEGLIGENCE and/or breach of express or implied warranty on the part of NSAA.
- Entrant hereby RELIEVES NSAA OF ANY DUTY TO PROTECT ENTRANT FROM HARM in connection with the Tour of Anchorage.
- Entrant authorizes NSAA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of NSAA, medical attention is required and Entrant is unable to make such decisions for himself/herself. Entrant agrees to pay all costs associated with such medical care and related transportation and shall DEFEND, INDEMNIFY AND HOLD HARMLESS NSAA of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care.
- This Agreement shall be construed in accordance with, and governed by the substantive laws of, the State of Alaska, without reference to principles governing choice or conflicts of laws. In addition, Entrant agrees that all lawsuits for personal injury or related loss against NSAA must be maintained in state courts or federal district courts sitting in Anchorage, Alaska, and Entrant consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable. **HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, ENTRANT SIGNIFIES HIS/HER ASSENT TO THE ABOVE TERMS BY SIGNING THIS AGREEMENT.**

Signature: _____ **Printed Name:** _____ **Date:** _____

If entrant is less than 21 years of age and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania, or Wyoming, or less than 18 years of age and a resident of any other state, the parent or guardian must sign below. This is to certify that, as parent/guardian of this entrant, I do consent for myself and on his/her behalf to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature _____ **Date** _____

Printed Name _____ **Relationship** _____

<p>NO REFUNDS for any reason, including race cancellation.</p> <p>REGISTRATION FEES: Member/Non-Member</p> <p>\$75/ \$85 by January 13, 2019 11:59pm</p> <p>\$85/ \$95 by February 27, 2019 10pm</p> <p>\$100/ \$110 at Bib Pickup 3/1 and 3/2</p> <p>\$35 Youth 12 and under</p>	<p style="text-align: right;">Total Amount Due: \$ _____</p> <p>Cash Check # _____ Card: Visa, MC, Discover, AMEX</p> <p>Credit Card: _____ - _____ - _____ - _____</p> <p style="text-align: center;">Exp Date: _____ CVV/Code: _____</p> <p>Billing Address (if different than above): _____</p> <p>Batch #: _____ Amount: _____ Ref #: _____ Date: _____</p>
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