



Welcome to the US Biathlon Association

Name:	Male	Female	
Address:	Junior	Senior	
City:	DOB:		
State:	Zip:	Club:	
Email:	Phone:		
Membership Categories		Fee	Total
USBA Supporter (\$50 for one or \$75 for a couple)		\$50/75	\$
Competitor - winter & summer athletes		\$75	\$
Junior/Youth Competitor - 21 & under on Dec 31st		\$50	\$
Under 16 Competitor - 15 & under on Dec 31st		\$20	\$
Biathlon Org. / Club (Group F)		\$200	\$
USBA Coach/Official/Trainer/Tech. Delegate		\$75	\$
Lifetime Membership		\$1000	\$
Volunteer Member		\$25	\$
Member For a Day	Event:	\$20	\$
	Date:		
I'd like to help the USBA, an IRS Non-Profit 501 (c) (3) organization. Enclosed are my contributions:			
US Biathlon Annual Fund – Gold Medal Campaign:		\$	
Walter Williams, Junior Development Fund:		\$	
USBA is a 501(c)3 organization and a receipt for tax purposes will be sent to all contributors. Total:			

Check enclosed Charge my Visa or MC

_____ Exp _____ CVC _____

Signature: _____ Date: _____

Membership benefits include:

Subscription to the electronic USBA newsletter, Membership Card & small gift.

Insurance coverage at all sanctioned races and sanctioned training events.

For full list of benefits please visit:

<https://www.teamusa.org/us-biathlon/membership/membership-levels>

**Please make Checks payable to USBA and return this form to:
USBA, 49 Pineland Dr, Suite 301A, New Gloucester, ME 04260**

Or

Scan & email to: info@usbiathlon.org Fax to: (207) 688-6505

United States Biathlon Assoc. Assumption of Risk & Release From Liability

(Read carefully before signing)

I know and understand that biathlon in its various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in winter biathlon, summer biathlon and roller ski biathlon competitions and clinics (all of which are hereinafter collectively referred to as "Activities"), involve 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 skier/riders or equipment, and exceeding my own abilities. I further understand that biathlon training and competitions involve performance at the limits of one's abilities, and therefore are more hazardous than recreational skiing or roller blades. I understand that INJURIES OF ALL TYPES ARE COMMON AND ORDINARY OCCURANCE. I know that the risk of SEVERE INJURY and even DEATH exists in all training and competitions. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Biathlon Association, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, clubs, competition organizers and sponsors (hereinafter the term "USBA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the RISK OF SEVERE INJURY AND DEATH involved in biathlon 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 advise of USBA.

In partial consideration of USBA's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter the "Member") agrees to:

1. Member agrees never to utilize any venue, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the venue, course or facility.
2. Member hereby unconditionally WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND, AND INDEMNIFY USBA (as defined above) FROM ANY CLAIMS, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including death), suffered by any person from or in connection with member's participation in and Activities in which USBA is involved in any way, due to any cause whatsoever, INCLUDING NEGLIGENCE and /or breach of express or implied warranty on the part of USBA. Member's sole remedy in the event of any injury shall be compensation for medical expenses under the USBA secondary accident insurance program.
3. Member hereby RELIEVES USBA OF ANY DUTY TO PROTECT MEMBER FROM HARM in connection with any Activities in which USBA is involved in any way.
4. Member authorizes USBA and event organizers to use images, video, audio and other forms of recording from events, that may contain images or the voice or sound of the member, to promote biathlon through all forms for digital media and printed materials without any limitation.
5. Member authorizes USBA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USBA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall indemnify USBA of and from any such costs.
6. The Agreement shall be construed in accordance with, and governed by substantive laws of, The State of Maine, without reference to principles governing choice of conflicts of laws. In addition, Member agree that all lawsuits for personal injury or related loss against USBA must be maintained in state courts sitting in Maine for federal district courts sitting in the District of Maine, and member 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, *MEMBER SIGNIFIES THEIR ASSENT TO THE ABOVE TERMS BY SIGNING BELOW: *For Clubs, Organizations or Corporations this must be the OFFICIAL LEGAL REPRESENTATIVE who signs on behalf of the organizations BOARD OF DIRECTORS (usually SECRETARY, PRESIDENT OR VICE PRESIDENT)

Signature: _____ Date of Birth: _____

Print Name: _____ Title (if any): _____ Date Signed: _____

PARENT OR GUARDIAN SIGNATURE REQUIRED FOR ALL MINOR MEMBERS: As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns, I intend to give up my right, the Member's rights, and the rights of any other parent or guardian to maintain any claim or suite against USBA arising our of the Member's participation in any Activities involving USBA in any way. I believe and represent that **I HAVE LEGAL AUTHORITY TO MAKE THESE AGREEMENTS, REPRESENTATIONS, WAIVERS AND RELEASES, AND I AGREE TO DEFEND AND INDEMNIFY USBA** from and against any and all liability arising out of any lack of authority on my part to legally bind the Member, or any unenforceability for any reason the above agreements, representations, waivers and releases made by or on behalf of the Member.

Parent or Guardian
Signature: _____ Date: _____ Print Name: _____