

# WASHINGTON BIATHLON ASSOCIATION

P. O. Box 1716, Issaquah, WA 98027-0069

[www.wabiathlon.org](http://www.wabiathlon.org)

## OFFICIAL TRAINING REGISTRATION FORM

Sunday, March 4, 2007 – 9:00 AM at Stevens Pass Nordic Center

Name\_\_\_\_\_DOB/Age\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_E-mail \_\_\_\_\_

USBA Membership No.\_\_\_\_\_ Date of USBA Rifle Safety Cert. (**required**) \_\_\_\_\_

Official Training day fee \$10 \_\_\_\_\_

USBA Annual Membership (optional) \$50 \_\_\_\_\_

WBA Annual Membership (optional) \$25 \_\_\_\_\_

TOTAL ENCLOSED \_\_\_\_\_

Sorry, we are not able to accept credit or debit cards. Please make checks payable to **Washington Biathlon Association**.

***You must have a valid USBA Safety Certification and an SPNC trail pass (season pass or day pass) for use of the ski trail system and rifle range on Official Training day.***

Day passes will be available at SPNC at a discounted rate for participants. If purchasing a day pass, you will need to let the counter staff know that you are participating in the Official Training in order to qualify for the discount.

### WASHINGTON BIATHLON ASSOCIATION 2006-2007 Season Release of Liability

I recognize that biathlon, cross country skiing, running and rifle marksmanship can be hazardous sports. I acknowledge there are risks and hazards associated with involvement in the Washington Biathlon Association. The risks can include, but are not limited to, damage to property, physical injury, and death. I state that I am, and those minors that I sign for are, in proper physical condition to participate in strenuous activity. I acknowledge and accept the risks associated with shooting, skiing and running, and I agree to release and hold harmless all members, organizers, sponsors and officers of the Washington Biathlon Association, New Stevens LLC, The Stevens Pass Nordic Center and the U.S. Forest Service and all members of the staff of any venues involved in biathlon training, practice, or competition from any liability for any and all accidents or injuries of whatever nature, connected to or arising from or coming to or from any Association function, workout, or other event. I recognize that biathlon involves the use of firearms and I certify that I am not disabled or barred from using or possessing firearms by any state or federal law or by ruling of any court.

A parent or legal guardian must sign the release of liability for all participants under eighteen years of age.

Signed\_\_\_\_\_Date\_\_\_\_\_

For (minor under eighteen) Name\_\_\_\_\_