



REGISTRATION FORM LIABILITY WAIVER

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Emergency Contact: _____ Phone: _____ - _____ - _____

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks which, in combination with my actions, can cause me serious, or possibly even fatal injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not the organizers and officials of the orienteering event, the City of Trees Orienteering Club, the U.S. Orienteering Federation, the State of Idaho, the City of Boise, or any sponsors or landowners, are responsible for my safety while I participate in any orienteering event. I further understand that failure to check-in at the Finish before leaving the course may result in Search and Rescue efforts for which I may be financially liable.

Signature: _____ Date: _____

Signature required for all participants (Parent if under 18)

Course: Beginner Intermediate Advanced

Category: Competitive Hiker

Are you a member of an Orienteering club? Yes No

If Yes, which one? _____

If no, is this your first Orienteering event? Yes No

Other participants:

Name: _____ Age: _____ Name: _____ Age: _____

Signature: _____ Signature: _____

Signature required for all participants (Parent if under 18)

Signature required for all participants (Parent if under 18)

Name: _____ Age: _____ Name: _____ Age: _____

Signature: _____ Signature: _____

Signature required for all participants (Parent if under 18)

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<p style="text-align: center;">OFFICIAL USE</p> <p>Start: _____</p> <p>Finish: _____</p> <p>Final: _____</p>
