



Strafford Nordic Center

Participant #1 Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

Home Phone: _____
City *State* *ZIP Code*
 () Alternate Phone: ()

Participant #1 Grade: _____ DOB: _____ School: _____

Other participants Information

#2 Name _____ Grade: _____ DOB: _____ School: _____
 #3 Name _____ Grade: _____ DOB: _____ School: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City _____ State _____ ZIP Code _____

Primary Phone: () Alternate Phone: ()

Relationship: _____ E-mail: _____

Payment Information

SNAP Program – One day	\$ 75	# skiers _____	Total _____
SNAP Program – Two days	\$120	# skiers _____	Total _____
SNAP Program – equipment rental	\$ 40	# skiers _____	Total _____

Liability Waiver

Waiver and Release Agreement: Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of Strafford Nordic Center, I agree to the following Waiver and Release:

I acknowledge that cross country skiing, and snowshoeing have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. Walking and skiing in rugged country, including encounters with wildlife, animals and insects;
2. Inclement weather conditions;
3. Skiing and snowshoeing accidents, collisions with other skiers.

I understand the risks, hazards and dangers of these activities and have had the opportunity to discuss them with Strafford Nordic Center. I understand that these activities may require good physical conditioning and a degree of skill and knowledge necessary for me to engage in these activities safely.

Signed: _____ Date: _____