



# Strafford Nordic Center

## Participant #1 Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ 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 equipment rental - adult size	\$ 40	# skiers _____	Total _____
SNAP equipment rental – youth size	\$ 20	# 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: \_\_\_\_\_