



# Northfield High School Nordic Ski Fest

## ANNUAL FUNDRAISER FOR THE NHS NORDIC SKI TEAM

### Saturday, Jan. 26, 2008



#### Sponsored by:

C.S.M.R. (Center for Sports Medicine and Rehabilitation)  
Northfield Hospital  
Goodbye Blue Monday Coffee House

#### When: Saturday, Jan. 26, 2008 (no matter what conditions)

11:00 Registration  
12:00 Mass start – SKI THE NHS 5K COMPETITIVE RACE COURSE  
1:00 1 km kids ski  
1:20 Door prizes drawn

#### Where: Carleton Upper Arboretum behind new Recreation Center

#### Entry Fees:

\$10 fee. Sign up for door prizes.

Make your check payable to “N.H.S. Nordic”. Skiers may not participate without signing release form. Send registration, check, and signed release form to:

**Northfield Classic Ski Race**  
**c/o Dan Kust, High School N Ski Team**  
**1400 Division St S**  
**Northfield MN 55057**

#### Registration: Registration is unlimited, but please register early!

Your **Registration and Release form** (*below*) must be postmarked by **Friday, Jan. 25**, or delivered in person to Goodbye Blue Monday Coffee House. **You may also register at Blue Monday on Sat. Jan. 26 from 7-9:00 AM.**

For more information call coach Dan Kust at (507) 663-1971 (*before 9:00 p.m., please!*) **IN CASE OF RACE CANCELLATION DUE TO POOR SNOW OR DANGEROUS RACE CONDITIONS, CHECK AT BLUE MONDAY OR CALL 663-1971 FOR INFORMATION.** There will be a message explaining if the race is on or off. No refunds on race entries. Race will not be rescheduled.

## REGISTRATION AND RELEASE FORM

*(Please print clearly.)*

Name of Skier (and parent's legal guardian's name, if skier is under 18): \_\_\_\_\_

Skier's Sex:  Male  Female

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Style:  Classic  Freestyle

*Note: All participants (or the parent/legal guardian of participants who are age 18 or under) must sign release form (below).*

I, \_\_\_\_\_, know that skiing is an action sport carrying inherent significant risk of serious personal injury, death, and/or property damage. I also know that there are natural and environmental conditions and risks which, independently or in combination with my activities or the activities of my child, may cause property damage, or severe or even fatal injuries to myself, my child and/or others.

I agree that, for myself and as a parent for my child, I am responsible for my safety and my child's safety while participating in this event. I specifically acknowledge that the following persons or entities, including the Center for Sports Medicine and Rehabilitation, Carleton College, Goodbye Blue Monday Coffeehouse, Northfield High School, the promoters, the sponsors, the organizers, the officials, and any agent, representative officer, director, employee, member or affiliate of any person or entity named above, are not responsible for my safety or my child's safety. I specifically release and discharge, in advance, all of the above persons and entities from any and all liability, known or unknown. I hereby agree to waive, release and discharge any and all claims, losses or liabilities for damages for death, personal injury, medical bills, theft, property damage, or damage of any kind, including economic losses, which I and/or my child or our respective heirs, executors or assigns, may have or which may hereafter accrue as a result of my and/or my child's participation in this event against all persons and entities involved in this event, including those named above, whether or not such injury or damage was foreseeable. I further agree to forever **hold harmless** and indemnify all persons and entities, generally or specifically, from any and all liability for death and/or personal injury or property damage resulting in any way from me and/or my child participating in this event. I agree to supervise my child during this event.

I have read this release and understand all of its terms. I voluntarily execute this release and its terms shall be binding upon my and my child's heirs and assigns.

Signature of skier (or parent/legal guardian of skier under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_

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