2007 AXCS National Masters Entry Form

NAME (last, first): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

GENDER *(CIRCLE ONE)*: FEMALE MALE AGE (AS OF 12/31/2006): _____ DATE OF BIRTH: _____

Please complete all personal information, total fees, & sign/date waiver.

ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY, STATE, ZIP: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

HOME PHONE: ☐☐☐☐☐☐☐☐☐☐ Work/Cell: ☐☐☐☐☐☐☐☐☐☐

E-MAIL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Club or Team: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NM2007 Registration Fees

($) signifies fee for members of AXCS, you must be member as of entry to qualify.*
All amounts in U.S. dollars.
Entries must be postmarked by early-bird deadline to qualify.
No race fee refunds for any reason.

Fee Deadline Dates	**All Events Package** *(includes all 3 races, T-shirt, Sun. brunch)*	**18km Skiathlon or Relay Leg** (Thursday, March 22)	**Classic 15/10km or *10km Fun FS*** (Saturday, Mar 24)	**Freestyle 30/20/15km** (Sunday, Mar 25) *(includes race, T-shirt, brunch)*
Until Jan 31	$85 (70)*	$30 (25)*	$30 (25)*	$35 (30)*
Until Feb 28	$100 (85)*	$35 (30)*	$35 (30)*	$40 (35)*
Until Mar 16	$115 (100)*	$40 (35)*	$40 (35)*	$45 (40)*
After Mar 16	$135 (115)*	$45 (40)*	$45 (40)*	$50 (45)*

Special NM2007 Training Trail Pass Rate
(good from Weds-Sun, Mar 21-25 only).....$8.00 per day

Your bib is your trail pass on all days that you are a paid racer. But you & your companions must have a separate pass (or season pass) for any non-race days skiing at Mt Bachelor. Special rate only good with paid entry. ***Special training day passes must be purchased by March 16****.*

FOR OFFICE USE ONLY

Postmark Date: _____ AXCS Ref. _____

Payment Method: Check # _____ CC Ref. # _____ Cash _____

My Total

AXCS Member *(circle if eligible for discounts)* < *YES* >

Training Trail Passes *(@ $8 per day...for non-race days)*
_____ # of passes $_____

All Events Package ***(best value!!!)*** $_____

15km Skiathlon *(Thursday, March 22)* $_____

15km Relay Leg *(Thursday, March 22)* $_____
*Partner's Name*_____
Female/Female ____ *Male/Male* ____ *Coed* ____
I'm racing : *Classic Leg* ____ *Freestyle Leg* ____

15/10km Classic *(Saturday, March 24)* $_____

Fun 10km FS *(Saturday, March 24)* $_____

30/20/15km Freestyle *(Sun, March 25)* $_____

Extra Sunday Brunch Ticket ($10 each) $_____

Payment Total: $_____

All Events & Sun. FS skiers: Tshirt size: M ___ L ___ XL ___

(Make check or money orders payable to "MBSEF")
Mail or Fax Entry Forms to:
NM2007, MBSEF XC Race Secretary
563 SW 13th Street, Suite 201 Bend, OR 97702
fax: (541) 388-7848 ph: (541) 388-0002

2007 NATIONAL MASTERS
ASSUMPTION OF THE RISK, RELEASE AND INDEMNITY AGREEMENT

I AGREE TO RELASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS MT. BACHELOR SKI EDUCATION FOUNDATION, MT. BACHELOR, INC., AMERICAN CROSS COUNTRY SKIERS, ALL ORGANIZERS, SPONSORS, COMPETITORS, OFFICERS, DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, EMPLOYEES, OFFICIALS, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS THAT I MAY NOW HAVE OR WHICH I MAY HEREAFTER HAVE FOR PROPERTY DAMAGE, INJURY OR DEATH WHICH I MAY SUFFER OR FOR WHICH I MAY BE LIABLE TO OTHERS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE NATIONAL MASTERS CHAMPIONSHIP EVENT OR SOCIAL ACTIVITIES, INCLUDING THE USE OF THE LIFTS AND ANY OTHER USE OF THE PREMISES, FACILITIES, AND SERVICES PROVIDED. THIS RELEASE AGREEMENT SHALL APPLY TO ALL CLAIMES UNDER ANY THEORY OF RECOVERY, EXCEPT CLAIMS BASED ON INTENTIONAL MISCONDUCT.

I FURTHER AGREE THAT THIS CONTRACT WILL BE GOVERNED BY OREGON LAW AND THE EXCLUSIVE JURISDICTION OVER CLAIMS WILL BE IN OREGON STATE COURTS, WITH VENUE IN DESCHUTES COUNTY, OREGON. IF ANY PART OF THIS CONTRACT IS DETERMINED TO BE UNENFORCEABLE, IT IS INTENDED THAT ALL OTHER TERMS BE ENFORCED.

I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT. I UNDERSTAND THAT THIS IS A RELASE AGREEMENT WHICH WILL PREVENT ME OR MY ESTATE FROM MAKING A CLAIM FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH. I NEVERTHELESS ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNS, AND LEGAL REPRESENTATIVES.
THIS IS A LIABILITY RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

PARTICIPANT SIGNATURE: _____ **DATED:** _____

PARENT OR GUARDIAN OF PARTICIPANT: _____ Name of Participant: _____
(MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE:)