

Dion Snowshoes & The U.S. Snowshoe Association Present:

Dion Snowshoes U.S. National Snowshoe Championships

March 1st, 2014

Prospect Mountain Ski Center, Woodford, VT



Please Print Clearly

Name: _____ M ___ F ___ Age _____ (as of 12/31/2014)

Street / P.O. Box _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Category: Junior Senior Military International (circle one)

Team Name: _____

**There will be team scoring at this year's Nationals. Three per team will score. <http://ussnowshoechampionships.com> for more info*

T-Shirt Size: S M L XL (circle one) **t-shirts are available to the first 400 entrants.*

Attending Friday evening mixer (Free) - YES NO (circle one) - If yes, number in party _____

Attending Saturday night dinner (\$10 per person at door) - YES NO (circle one) - Number in party _____

** For more information go to <http://ussnowshoechampionships.com>*

Early Entry Fee: \$35 - Make checks payable to: Prospect Mountain Ski Club

**Mail in entries must be postmarked by February 18th, 2014. Late or 'day of' entry is \$40*

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive and release, any and all rights and claims for damages I might have against Prospect Mountain Ski Area, Dave Newell, Bob Dion, Dion Snowshoes, Tim Van Orden, Mark Elmore, U.S. Snowshoe Association (USSSA), The Western Mass. Athletic Club, and any sponsors, coordinating groups, or any individuals associated with this event, their representatives, successors, and assignees, and will hold them harmless for any and all injuries suffered in conjunction with this event, including, but not limited to, those which may be attributable to weather conditions, course conditions, falls, contact with other participants, equipment malfunction, all such risks being known and appreciated by me. I know that running in a snowshoe event is a potentially hazardous activity. I attest that I am physically and medically able to compete in the race I have entered, and have been sufficiently trained for completion of the event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of this event.

Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____ Date _____

Mail Entries to: Nancy Steffen, 10 Margaret Lane, Bennington, VT 05201