

BETHEL OUTING CLUB

Summer Nordic Program Registration Form

NAME: _____ DOB: _____

1 Day option – Tuesdays – on foot, ages 12 & up
(\$100) _____

3 Day option – MON, TUES, THU advanced
rollerskiing, ages 15 & up (\$300) _____

2 Day option – TUES & THU intro to
rollerskiing or specific strength, ages
12 & up (\$200) _____

Supplemental Option - 2 Strength
sessions per week, ages 15 & up
No Additional Charge _____

June Extension - 5 additional sessions
No additional charge - Times TBD _____

Need to Borrow Rollerskis? (Y/N) _____ Boot Size (European) _____ NNN or Salomon

ADDRESS: _____

EMAIL: _____

PHONE: _____ (HOME) _____
(CELL) _____

Identification of Risk: I, (participant) _____ understand that there are inherent and other risks involve in sport, that injuries are a common and ordinary occurrence. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of Risk: I agree that I am responsible for my safety while participating in the Bethel Outing Club Summer Nordic Program or other sport (running, skiing, tubing, snowboarding, walking, Nordic walking, racing, etc.) with the Bethel Outing Club, and that such responsibility includes being physically and psychologically prepared to participate, familiarizing myself with the venue before beginning and using equipment safely. I assume all risks, both known and unknown, connected with my participating.

Waiver: Being aware of the risks and willing to assume them, I hereby release from any legal liability Bethel Outing Club, their agents, directors, officers, coaches, employees, volunteers, sponsors, owners/lessors of used property and trails as well as the owners, manufacturers and distributors of equipment provided to me from liability for injury or death to myself or to any other person or damage to property resulting from my participation in the Bethel Outing Club summer program and for any claim based upon negligence, breach of warranty, contract or other legal theory, accepting myself the full responsibility for any such injury, death or damage which may result. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns. This agreement is governed by the applicable laws of Maine. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force effect. This waiver does not release acts of negligence nor willful and wanton misconduct of any party.

I have read this agreement carefully, understanding that I give up substantial rights by signing it and sign it voluntarily.

Checks can be made payable to Bethel Outing Club
Please return Registration and Waiver Forms and Checks to the address below:

Bethel Outing Club
P.O. Box 637
Bethel, ME 04217
www.bethelouting.org

BETHEL OUTING CLUB

Participants Signature

Date

Print Name

Date

For participants under that age of 18: I consent to the above person's participation in Bethel Outing Club Summer Nordic Program. I acknowledge, for myself and the above person, that we assume all risks, known and unknown, and waive all claims in advance. I have read this agreement carefully, understand that the above person and I give up substantial rights by signing it, and sign it voluntarily.

Parent/Guardian Signature

Date

Print Name

Date

HEALTH/EMERGENCY INFORMATION

CHILD'S NAME: _____

PARENT(S)/GUARDIAN(S) NAME: _____

ADDRESS: _____ **HOME PHONE:** _____

WORKPLACE: _____ **WORK PHONE:** _____

_____ **WORKPLACE:** _____ **WORK PHONE:** _____

EMAIL: _____

In case of emergency and the parent(s)/guardian(s) cannot be reached, please contact one of the following persons:

1. Name: _____ **Phone:** _____

Address: _____ **Relation:** _____

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2. Name: _____ Phone: _____

Address: _____ Relation: _____

PLEASE LIST ANY CHRONIC MEDICAL CONDITION OR ALLERGIES YOUR CHILD MAY HAVE AS WELL AS ANY MEDICATIONS YOUR CHILD MAY TAKE:

PLEASE LIST ANY OTHER IMPORTANT INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD:

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