

WI Department of Natural Resources Approved Event
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WISCONSIN BIATHLON CUP RACE #4

Biathlon Winter Festival

Saturday, February 15th, 2014

Wisconsin Biathlon Cup Race #4 will take place at the McMiller Sports Club in Eagle, Wisconsin
S103W38754 County Road NN, Eagle, WI 53119

INTRODUCTION:

The fourth biathlon event of the WI Biathlon Cup Series will take place on February 15, 2014 at McMiller Sports Club in Eagle, Wisconsin. This race will be an Open Pursuit event and a second, Novice Sprint race for Nordic skiers with no previous biathlon experience or training required.

VENUE, REGISTRATION AND ENTRY FEES:

Event registration will take place at the biathlon range shelter (not at the main parking lot shelters). Follow signs on the XC trails to the Biathlon Range starting from the new XC parking lot at McMiller. Adult fees for the Open race are \$20 plus USBA membership required. (\$10 race day USBA membership available at race.) Adult fees for the Novice race are \$30 (USBA membership for a day included). See attached form for Minor fees. Novice racers must complete race entry form and USBA membership for a day form. Please bring attached forms, completed, to race with cash or check payment. The shelter at the biathlon range is heated but has no running water. Participants should plan to bring their own water. There is also an outdoor Port-a-John adjacent to the biathlon shelter.

OPEN RACE:

The Open race is for biathletes with previous biathlon experience that are also USBA safety certified. The race format will be a time trial. There will be 5 skiing stages (2.0 K each) and 4 shooting rounds (PPSS). A 150 meter penalty loop is included for each missed shot. Club rifles will not be available for the open race unless pre-arranged. All athletes must provide their own ammunition (subsonic .22LR unplated lead). Uncertified biathletes with some experience that also have a rifle will be permitted to participate in the Open race by leaving their rifle in the gun rack at the range. Uncertified biathletes will not be allowed to ski with a rifle on the course.

NOVICE RACE:

The Novice race is designed for Nordic skiers age 12 and up that would like to have a really enjoyable and authentic biathlon experience. The race format will be a time trial. There will be 3 skiing stages (2.0 K each) and 2 shooting rounds, both laying prone (PP). A 150 meter penalty loop is included for each missed shot. The WI Biathlon Association will provide volunteer coaches, basic shooting training, rifles, ammunition, timing and scoring. Our goal is to provide safe and easy access for all participants to have an authentic experience with the Winter Olympic sport of Biathlon. Participants must supply their own Nordic ski equipment (Skate or Classic). Uncertified biathletes will not be allowed to ski with a rifle on the course. All club rifles will remain in place at the firing line. Each firing point will be supervised throughout the race by an adult, USBA safety certified biathlete or coach.

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SCHEDULE:

WI Biathlon members, please plan to arrive early to assist with course set up. (Most times are AM.)

8:00-9:45	Course set up for Open Race
9:00-9:30	Open Race Registration (please be on time)
9:45-10:25	Zero for Open Race (range will close promptly)
10:30	Course and Safety Briefing
10:40	Open Race – Start

Novice Race

11:30-12:00	Novice Race Registration (please be on time)
12:00-12:30	Novice Course and Safety Briefing
12:30-1:00	Novice Shooting Training
1:00 PM	Novice Race - Start

RIFLE USE:

All Open race participants are required to supply their own rifle and ammunition. Uncertified biathletes with some experience that also have a rifle will be permitted to participate in the race by leaving their rifle in the gun rack at the range. Uncertified biathletes will not be allowed to ski with a rifle on the course. Club rifles will not be available for the Open race unless pre-arranged.

VOLUNTEER HELP:

Volunteer help is needed for the event. Please plan on assisting. If you have any questions, please contact:

wibiathlon@gmail.com

DOWNLOAD RACE ENTRY FORMS / Race Updates / DNR Hotline

<http://www.wisconsinbiathlon.com/>

In the event of questionable weather or trail conditions, the Wisconsin DNR trail condition hotline can be called during the early morning hours prior to the race to verify that the race will be held.

WI DNR (McMiller) Trail Condition Hotline 262-594-6202

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Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-Mail: _____

Gender: Female Male Are you a current USBA member? If YES, enter USBA # _____ If NO, complete USBA form

Select Your Age Class Below. Your age class should reflect your age on December 31, 2013.

Juvenile Boys/Girls (12 & under) Junior Boys/Girls (13-14) Senior Boys/Girls (15-16) Youth (17-18) Junior (19-20)

Senior (21-29) Master (30-39) Senior Master (40-49) Veteran (50-59) Master Veteran (60+)

Open Race - Entry Fee: \$10 Youth under 18 \$20 Adult over 18 Add \$10 if you do not have a current USBA annual membership

Novice Race - Entry Fee: \$25 Youth under 18 (or student) \$30 Adult over 18

PLEASE READ CAREFULLY BEFORE AGREEING TO THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL):

I recognize that Biathlon, Cross Country Skiing, Running and Rifle marksmanship can be hazardous sports. I acknowledge there are risks and hazards associated with involvement in the Wisconsin Biathlon Association events. The risks can include, but are not limited to: damage to property, physical injury and death. I state that I am, and those minors that I sign for, are in proper physical condition

to participate in strenuous activity. I acknowledge and accept the risks associated with shooting, skiing and running and I agree to release and hold harmless all members, organizers, sponsors and officers of the Wisconsin Biathlon Association, McMiller Sports Center, Wisconsin State Parks, Milford Hills Hunt Club and all members of the staff of any venue sites involved in biathlon training, practice, or competition from any liability for any and all accidents or injuries of whatever nature, connected to or arising from or coming to or from any association function, workout or other event.

I recognize that Biathlon involves the use of firearms and I certify that I am not disabled or barred from using or possessing firearms by any state or federal law or by ruling of any court.

I HEREBY AFFIRM I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS AWRL, AND I UNDERSTAND ITS CONTENT.

Signature: _____ Date: _____

For participants under age 18: A parent or legal guardian must sign the release of liability for all participants under eighteen years of age.

Signature: _____ Date: _____

United States Biathlon Association Assumption of Risk and Release Form Liability

(Read carefully before signing)

I know and understand that biathlon in its various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in winter biathlon, summer biathlon and roller ski biathlon competitions and clinics (all of which are hereinafter collectively referred to as "Activities"), involve many RISKS, DANGERS AND HAZARDS. These risks, dangers and hazards include, but are not limited to, changing weather and snow conditions, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, being struck by skier/riders or equipment, and exceeding my own abilities. I further understand that biathlon training and competitions involve performance at the limits of one's abilities, and therefore are more hazardous than recreational skiing or roller blades. I understand that INJURIES OF ALL TYPES ARE COMMON AND ORDINARY OCCURANCE. I know that the risk of SEVERE INJURY and even DEATH exists in all training and competitions. I also know that personal training, coaching, instruction, supervision and enforcement of rules by the United States Biathlon Association, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, clubs, competition organizers and sponsors (hereinafter the term "USBA" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety. With full knowledge and understanding of the RISK OF SEVERE INJURY AND DEATH involved in biathlon training and competition, I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES, even if I follow the instructions or advise of USBA.

In partial consideration of USBA's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter the "Member") agrees to:

1. Member agrees never to utilize any venue, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the venue, course or facility.
2. Member hereby unconditionally WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND, AND INDEMNIFY USBA (as defined above) FROM ANY CLAIMS, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including death), suffered by any person from or in connection with member's participation in and Activities in which USBA is involved in any way, due to any cause whatsoever, INCLUDING NEGLIGENCE and /or breach of express or implied warranty on the part of USBA. Member's sole remedy in the event of any injury shall be compensation for medical expenses under the USBA secondary accident insurance program.
3. Member hereby RELIEVES USBA OF ANY DUTY TO PROTECT MEMBER FROM HARM in connection with any Activities in which USBA is involved in any way.
4. Member authorizes USBA to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USBA, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall indemnify USBA of and from any such costs.
5. The Agreement shall be construed in accordance with, and governed by

substantive laws of, The State of Maine, without reference to principles governing choice of conflicts of laws. In addition, Member agree that all lawsuits for personal injury or related loss against USBA must be maintained in state courts sitting in Maine for federal district courts sitting in the District of Maine, and member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, *MEMBER SIGNIFIES THEIR ASSENT TO THE ABOVE TERMS BY SIGNING BELOW: *For Clubs, Organizations or Corporations this must be the OFFICIAL LEGAL REPRESENTATIVE who signs on behalf of the organizations BOARD OF DIRECTORS (usually SECRETARY, PRESIDENT OR VICE PRESIDENT)

Signature:

Date of Birth: _____

Print Name: _____

Title: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR ALL MINOR MEMBERS

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns, I intend to give up my right, the Member's rights, and the rights of any other parent or guardian to maintain any claim or suite against USBA arising out of the Member's participation in any Activities involving USBA in any way. I believe and represent that **I HAVE LEGAL AUTHORITY TO MAKE THESE AGREEMENTS, REPRESENTATIONS, WAIVERS AND RELEASES, AND I AGREE TO DEFEND AND INDEMNIFY USBA** from and against any and all liability arising out of any lack of authority on my part to legally bind the Member, or any unenforceability for any reason the above agreements, representations, waivers and releases made by or on behalf of the Member.

Parent or Guardian Signature: _____

Print Parent or Guardian Name: _____

Date: _____