

**North American Cup #5
MN Cup #3, #4**



**Jan 15-16, 2005
Mt. Itasca, Coleraine, MN**

Mount Itasca Biathlon Association will be hosting the NorAm Cup #5 at Mount Itasca Ski Area in Coleraine, MN, January 15-16, 2005. This series of races (Sprint and Relay format) also include Minnesota Cup #3 and #4

Location: Mount Itasca, Coleraine, MN

Dates: Jan 15-16, 2005

Tentative Schedule:

Fri, Jan 14, 2005	10:00 am - 2:00 pm	Unofficial Training
	12:00 pm - 2:00 pm	Registration - Mt. Itasca
Sat, Jan 15, 2005	10:00 am - 10:45am	Zero
	11:00 am	Sprint Competition
	1:00 pm	Flower Ceremony
Sun, Jan 16, 2005	10:00 am - 10:45am	Zero
	11:00 am	Relay Format
	1:00 pm	Flower Ceremony

Race Format:

Class	Age	Sprint	Relay Format
Men	21+	10 K PS	7.5 K PS
Women	21+	7.5 K PS	7.5 K PS
Jr Men	19-20	10 K PS	7.5 K PS
Jr Women	19-20	7.5 K PS	6 K PS
Youth Men	17-18	7.5 K PS	7.5 K PS
Youth Women	17-18	6 K PS	6 K PS
Boys / Girls	16 and under	6 K PS	6 K PS

Changes to format will be posted at www.minnesotabiathlon.com

Entry Fee: \$45 for both races, \$25 for one race

Registration: Please complete Competitor Entry Form, with registration fee (US Dollars) and mail to:

**Mt. Itasca Biathlon Association
P.O. Box 813
Grand Rapids, MN 55744**

All competitors are required to be USBA or Biathlon Canada members in order to participate in races. Membership information for USBA is available at

www.usbiathlon.org

Registration with check (U.S. Dollars) due by January 7, 2005

Coaches should also include a team registration form (attached).

Accommodations: Group rates for team accommodations can be made at Ruttgers Sugar Lake Lodge – 1-800-450-4555. For other hotel accommodations: contact the Grand Rapids Convention & Visitors Bureau, 218-326-9607, 1-800-355-9740 or
<http://www.visitgrandrapids.com/vacations/lodging/motels/index.html>

Travel: Grand Rapids/Coleraine area is 180 miles north of the Twin Cities, about 3_ hours of driving time; 75 miles NW of Duluth, and 300 miles S of Winnipeg.

Directions: From downtown Grand Rapids, take Hwy 169 North, traveling east out of Grand Rapids to Coleraine, about 6 miles. When entering Coleraine, turn left at Curly Ave – follow the Ole N. Mangseth Ski Jump signs. Go past the arena, left on Cty Rd 61 for _ mile. Turn left into the Mt. Itasca driveway – stay left at the Y.

For further race information, contact:

Mt. Itasca Biathlon Association
P.O. Box 813
Grand Rapid, MN 55744

MN Biathlon www.minnesotabiathlon.com

Piotr Bednarski, mnbithlon@aol.com, 952/924-0381 (o), 952/237-0765 (cell)

Maren Gaalaas Race Secretary, mareng@mchsi.com 218-326-5227

Hotel, travel information: www.visitgrandrapids.com 218-326-9607, 1-800-355-9740

U.S. Biathlon Association www.usbiathlon.org 1-800-242-8456

Competitor Entry Form

North American Cup #5, MN Cup #3, #4 January 15-16, 2005
Registration with payment due January 8, 2005

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____ Country _____

Email: _____ Phone: _____ Birth date: ___ / ___ / ___ Age: _____

USBA: or Biathlon Canada #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone # _____

Race:

≤ Sprint Format - Sat. 1/15/05

≤ Relay Format - Sun. 1/16/05

Class/Age:

≤ Men: born 1983 & earlier

≤ Women: born 1983 & earlier

≤ Junior men: born 1984-85

≤ Junior women: born 1984-85

≤ Youth men: born 1986-87

≤ Youth women: born 1986-87

≤ Boys: born 1988 and later

≤ Girls: born 1988 and later

Entry Fees:

≤ \$45.00 (U.S. Dollars) for both races.

≤ \$25.00 (U.S. Dollars) for one race.

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to Mt. Itasca Biathlon Association.

Please enclose payment with registration form. Mail to: **Mt. Itasca Biathlon Association,
P.O. Box 813
Grand Rapids, MN 55744**

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, involves risks of serious injury, including permanent disability and death. 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 biathlon training and competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Biathlon Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in biathlon training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.

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

_____ Date _____

Participant's signature

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____ Date _____

Parent/guardian's signature

For office use: Amt Pd _____
Ck # _____ Cash _____ Initials _____

