



- ◆ Always wanted to try Biathlon?
- ◆ Want to add more excitement to your X-C Racing?
- ◆ Want to be like Ole Einar Bjoerndalen?

2008 Master's Biathlon Clinic

**Sponsored by Minnesota Biathlon and
Twin Cities Biathlon**

When?

- ◆ Saturday, May 10 - 9:00 AM to 2:00 PM Bring your own lunch.

Where?

- ◆ Elk River Biathlon Range located on the Woodland Hills Ski Trails
- ◆ Directions at <http://www.minnesotabiathlon.com/mnbdirections.html>

How Much?

- ◆ \$40.00 (Cheap!) Rifles and ammo provided.

What will I learn?

- ◆ An overview of the sport of Biathlon
- ◆ Rifle / Shooting Safety
- ◆ Shooting in the Prone and Standing position

How do I sign up?

- ◆ Complete the attached application. Send it to
 - Lou Chouinard
3925 30th Avenue South
Minneapolis, MN. 55406-3108
 - Limited to 10 participants.

Any questions?

- ◆ Call Lou at 612-724-6009

Registration form: 2008 Masters' Biathlon Clinic

Name _____ Age _____ Male/Female _____

Address _____ City _____ State, Zip _____

Phone _____ E-mail _____

\$40 total fee

Make checks payable to Minnesota Biathlon

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I, _____, know biathlon competition / training 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 this biathlon competition / training. 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 Minnesota Biathlon, Twin Cities Biathlon, City of Elk River, Sherburne County, and U.S.B.A., and their affiliate clubs, 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 this biathlon competition / training. 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 throughout the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release any one else 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 this biathlon competition. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

Date _____

Parent/guardian's signature