



## Casper Mountain Biathlon Club

### West Yellowstone Thanksgiving Camp Registration

Join CMBC for a week-long skiing & shooting camp that includes race support in addition to the festivities that are part of the fun of the Rendezvous Ski Festival. Multiple coaches will be available to accommodate a variety of ability levels.

**November 23 – 29**

- Arrive at Biathlon Range at 0830 and 1500 for all workouts unless notified otherwise

<b>Schedule*:</b>	Sunday, 11/23	Arrive in West Yellowstone
	Monday 11/24	AM Biathlon Training                      PM Skate Ski and Strength on Ski
	Tuesday 11/25	AM Biathlon Training                      PM Classic Ski
	Wednesday 11/26	AM 0900 zero for Biathlon Race        PM Classic ski
	Thursday 11/27	AM Biathlon TNG    PM Off rest of day to enjoy Thanksgiving!
	Friday 11/28	AM 0900 Supertour Sprints at Biathlon Range    PM Biathlon
	Saturday 11/29	Race and then Depart if you choose

\*this schedule is still tentative

**Location:** West Yellowstone, MT

**What to Bring:**

- Rifle
- Ammo
- Skis, both skate and classic
- Water belt
- Food, Attendees are responsible for all meals, snacks and beverages
- Clothing for changing winter weather conditions

**Ages:** All Ages. Minimum age 10 yrs old

**Cost:** **\$400 per participant** for the 5 ½ day camp if the participant is current member of USBA. Food, Ski Passes, Race Registrations and Hotel Accommodations are additional costs and the responsibility of each participant. Rooms are available at the Holiday Inn for \$79 (does not include tax) per night.

**More Information:** For additional information please email [Casperbiathlon@gmail.com](mailto:Casperbiathlon@gmail.com) or call 307-215-4054

## CMBC Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Age: \_\_\_\_\_ Do you own your own biathlon rifle?  Yes  No USBA Member?  Yes  No

Any Allergies, medical conditions or disabilities we should be aware of? \_\_\_\_\_

### West Yellowstone Camp

\$400 Camp fee for USBA members. Member # \_\_\_\_\_

\$50 sibling discount – register 2 participants from the same family and take \$50 off

\$0 Year-Round Program Participant

### Hotel- Holiday Inn

CMBC has a room block reserved at the Holiday Inn. Please indicate if you would like a reservation under the group discount.

\$79 per night plus taxes for double queen standard room. \$119 for a family suite. Hotel fees are due to Holiday Inn at checkout. Reservations cannot be changed after October 22<sup>nd</sup>. Camp participants are responsible for all room charges.

Please indicate Check in and check out dates and whether you need standard room or family suite.

\_\_\_\_\_

No, I have made my own housing arrangements

Please make checks payable to **Casper Mountain Biathlon Club or CMBC**

Please mail check and registration to: CMBC, 1046 Lemmers Rd. Casper, WY 82601

I would like to pay by credit card. CMBC will email an invoice via PayPal for credit card/PayPal payments

### Please sign both liability forms

#### PLEASE READ CAREFULLY BEFORE AGREEING TO THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY:

I recognize that Biathlon, Cross Country Skiing, Running, Biking and Rifle marksmanship can be hazardous sports. I acknowledge there are risks and hazards associated with involvement in the Casper Mountain Biathlon Club 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, running and other related biathlon training activities and I agree to release and hold harmless all members, organizers, sponsors and officers of the Casper Mountain Biathlon Club, Nat rona County Parks, Casper Nordic Club, The City of Casper 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 barred from using or possessing firearms by any state or federal law or by ruling of any court.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Parent or Guardian Name: \_\_\_\_\_

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 anyway, 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 instate 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 IIT 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 suit against USBA arising our 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: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Parent or Guardian Name: \_\_\_\_\_

**Casper Mountain Biathlon Club**  
[www.caspermountainbiathlonclub.org](http://www.caspermountainbiathlonclub.org)  
[CasperBiathlon@gmail.com](mailto:CasperBiathlon@gmail.com)  
307--215--4054