



Bib # _____ Method of Payment _____

KINCAID STAMPEDE SUNDAY SEP 20 @ 1PM

An Anchorage Parks & Recreation Event
Co-hosted by APU Nordic Ski Center
1pm Women/J2 boys/Masters 6k, 1:45 Men 12k
Classic technique, wave start



For questions and up-to-date information contact: Ronn Randall at 343-4260.

RACE ENTRY FORM

Make checks payable to "Municipality of Anchorage"

ENTRY FEE: All Racers \$10

Name: _____ Roller Ski Make/Model: _____

Club/Affiliation: _____; Sex: M F Year of Birth: _____

WAIVER

I understand the risks and dangers inherent in rollerskiing and rollerski racing. I, for myself, my heirs, representatives, and minor child: (1) accept and assume all such risks; (2) release and discharge the Municipality of Anchorage, and its officers, directors, owners, employees, agents, sponsors, race officials and volunteers from any and all claims based on accidents or injuries, including death, directly or indirectly connected with this activity; and (3) waive and covenant not to hold any of the above-mentioned parties responsible for any personal or property damage arising out of my, or my minor child's participation in the roller ski race. I hereby authorize emergency medical care by either our family doctor or available physician.

I agree, without any right to payment or of editing, to the use of images of me and/or my child, including reproductions of photo, video, or other reproductions, by the Municipality of Anchorage for dissemination in all types of media for public purposes.

Signature of Racer Date: _____

Signature of Parent or Guardian if Racer under age 18 Date: _____