

Bib # _____	Partner Bib # _____
Amt. Paid: \$20 \$10 Cash	Check# _____ VISA MC
Skate: A Y	Ski: M Jr. W Jr. Y

Roll for the Waves

**In-line Skate or Roller-Ski around the Park Strip
Saturday June 7, 2008**

3:30pm	In-line Skate race- 4 laps	
	Youth Race - 2 laps	
4:15pm	Youth Roller Ski Race	2 laps
4:30pm	Women Team Relay	2x 1K x 2 laps
5:00pm	Men Team Relay	2x 1K x 3 laps



Course: 1-kilometer loops around West End of Delaney Park Strip, Anchorage
 Format: In-line Skate Race: Mass Start criterium
 Roller Ski Races: Team Sprint Relay – Skate Technique
(if you don't have a teammate, we'll give you one)
 Entry Fee: \$20 (\$10 for Youth Races--YOB 1994 & younger)
 Registration: At information booth on Park Strip on Race Day
 2pm-3pm for Inline Skate Race; 3pm – 4pm for Roller Ski Races

HELMETS REQUIRED!! ELBOW & KNEE PADS REQUIRED FOR YOUTH IN-LINE SKATERS

For more info contact Jane @ 334-5603 or 229-3963 or email sauerjane@gmail.com

Bring this completed form and entry fee to race – make checks payable to Alaska Winter Stars

Name: _____ Gender: M F Year of Birth: _____

Race: Skate -A Y Ski: M W Y Teammate (Roller Ski Race): _____

Club/School/Other Affiliation: _____

Type of Credit Card: Visa Mastercard Exp. Date: _____

Name on Card: _____ Card No: _____



WAIVER

I understand the risks and dangers inherent in in-line skating and inline skate racing and/or 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 Alaska Center for the Environment, Alaska Winter Stars, and their respective 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.

Signature of Racer Date: _____

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