



**WILLAMETTE ALPINE RACE PROGRAM
2017 PETER LORINCZ CUP REGISTRATION & RELEASE**

February 18 - 19, 2017
RECREATIONAL ENTRY NOT USSA
Willamette Pass, Oregon

PARTICIPANT INFORMATION

Last Name:	First Name:	DOB: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip:		
Phone Number:			Club/Team:	

Class: U8 U10 U12 U14 U16 U18 U21 ADULT
 (6 & 7 yrs) (8 & 9 years) (10 & 11 yrs) (12 & 13 yrs) (14-15yrs) (16-17yrs) (18-20yrs) (21 & up)
 (AGE AS OF DECEMBER 31, 2016)

Entry Fees:

SL-Saturday, February 18th: \$20.00 \$ _____

GS-Sunday, February 19th: \$20.00 \$ _____

Total Amount Due: \$ _____

Please make checks payable to WARP

**ENTRY WILL NOT BE ACCEPTED WITHOUT COMPLETED ENTRY FORM,
WILLAMETTE PASS LIABILITY & WILLAMETTE ALPINE RELEASE AND ENTRY FEES.**

**Phone: 541-357-9277
Email: warpracing@gmail.com**

RELEASE OF LIABILITY

I acknowledge that ski racing is a hazardous activity and that I have made a voluntary choice to participate (or permit my minor child to participate) in WARP at Willamette Pass Resort despite the risks that it presents. I agree to assume any and all risks of injury or death, which may be associated with or result from my (or my minor child's) participation in this event.

Initial Here: _____

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS the organizers of this program WARP and WILLAMETTE PASS RESORT and their owners, agents, landowners, affiliated companies, and employees for damage, injury, or death to the participant or to any persons or property (whether or not caused by their NEGLIGENCE) in any way connected with the participants, preparation, or practice or my participation in the above program, including all loss, claim or damage resulting from occurring due to participant's failure to have and/or wear a helmet which is required to participate in a WARP sponsored event.

Initial Here: _____

I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY OTHER INJURY TO THE PARTICIPANT. I NEVERTHELESS ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNEES, AND LEGAL REPRESENTATIVES. RELEASOR (18 AND OLDER) HEREBY ACKNOWLEDGES THAT I WILL NOT BE PERMITTED TO PARTICIPATE IN ANY WARP ON SNOW EVENT WITHOUT A HELMET.

Initial Here: _____

<i>Participant's Signature:</i> <small>All participants must sign, regardless of age</small>	
<i>Parent/Guardian Signature:</i> <small>For participants under 18 years of age</small>	Date: / /