

CAOC Orienteering Registration Form & Waiver of Liability

One form per group. Group gets 1 map with entry fee (extra maps \$3 each).

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|--|---|---|
| Name of Individual or Team Leader _____ | | Event Site: _____ |
| Team Name to be used in results (if different from above): _____ | | |
| | Number in Group: _____ | Course (Circle One) White / Yellow / Orange / Green / Red Short / Medium / Long |
| *** SAFETY INFO: CHECK IN AT FINISH EVEN IF YOU DON'T COMPLETE THE COURSE *** PLEASE DON'T LEAVE WITHOUT TELLING ONE OF THE EVENT STAFF | | To be added to mailing list (optional): PLEASE COMPLETE |
| Car Color / Make / Model: _____ | | Address: _____ _____ |
| Cell Phone: _____ | | Email address: _____ |
| Entry Fee \$10 (per Group) \$ _____ | WAIVER BELOW MUST BE SIGNED BY <u>ALL</u> PARTICIPANTS | |
| Extra Maps (\$3 each) Qty _____ \$ _____ | | |
| Compass Rental (\$1 each) Qty _____ \$ _____ | | |
| ePunch Chip #: _____ | | |
| <input type="checkbox"/> CAOC Loaner (\$0) <input type="checkbox"/> Owned | | |
| <input type="checkbox"/> Purchase (\$35) Qty _____ \$ _____ | | |
| Other _____ \$ _____ | | |
| TOTAL \$ _____ | | |

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in the Orienteering USA member club events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

1. Waive and release any and all rights and claims for damages I may have against the Chicago Area Orienteering Club, its members and officers, Lemont Quarries Operations, Inc. (aka The Forge Lemont Quarries), its affiliates, officers and employees, the Cook County Forest Preserve District, the DuPage County Forest Preserve District, the Lake County Forest Preserve District, the Kane County Forest Preserve District, the Crystal Lake Park District, the State of Illinois and Illinois Department of National Resources, their employees and representatives, and any assignees for any injuries or damages to me during or because of this event.
2. I acknowledge that I understand that there are risks associated with orienteering activities and that I am in good health and if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. The risks may cause minor injuries, serious injuries or in extreme circumstances even death.
3. I understand that the risks associated with orienteering may be caused by me through my own actions, or inaction, or the actions or inaction of others participating in the activity and that there may be other risks either not known to me or not readily foreseeable. I fully accept all such risks and responsibility for losses, costs and damages, I incur as a result of my participation in the Activity.
4. I hereby accept and assume all such risks, and assume all responsibility for the losses, costs and/or damages following such injury, or death, even if caused in whole or in part, by the negligence of any and all of those involved with the running of the event and hold them harmless.
5. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely without the inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Adult Participant

Print Name

Date

Signature of Adult Participant

Print Name

Date

Signature of Adult Participant

Print Name

Date

Signature of Parent/Legal Guardian
(If Participant is under age 18)

Print Name(s) of Minor Child(ren)

Date

Signature of Parent/Legal Guardian
(If Participant is under age 18)

Print Name(s) of Minor Child(ren)

Date