

CAOC Orienteering Registration Form & Waiver of Liability

One form per group. Group gets 1 map. Attach separate form for Membership Application.

Name to be used in reporting results:			
Name of Group Leader (if different from above):			
CAOC Member? <input type="checkbox"/>	First time? <input type="checkbox"/>	Course:	Number in Group:
Safety Info: Please check in at Finish even if you don't complete the course. Car Make/Model: _____ License: _____ Cell Phone: _____		Non-Members , please fill in E-mail Address: _____	
Entry Fee (\$10 CAOC Members) \$ _____ Entry Fee (\$15 Non-members) \$ _____ Extra Maps (\$3) Qty _____ \$ _____ Compass Rental (\$1) Qty _____ \$ _____ ePunch Chip #: _____ <input type="checkbox"/> CAOC Loan (\$0) <input type="checkbox"/> Owned <input type="checkbox"/> Purchase (\$35) Qty _____ \$ _____ Club Membership \$ _____ Other _____ \$ _____ TOTAL \$ _____	In consideration for acceptance of this entry, intending to be legally bound, I do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Chicago Area Orienteering Club , its members, the Cook County Forest Preserve District, its employees, the DuPage County Forest Preserve District, its employees, the Lake County Forest Preserve District, its employees, the Kane County Forest Preserve District, its employees, the Crystal Lake Park District, its employees, the State of Illinois, its representatives, and any assignees for any injuries or damages to me during or because of this event. Signature: _____ Date: _____ If more than 1 in group, others must sign below. Adult Leader (if under 18) Signature: _____ Date: _____		

CAOC Orienteering Registration Form & Waiver of Liability

One form per group. Group gets 1 map. Attach separate form for Membership Application.

Name to be used in reporting results:			
Name of Group Leader (if different from above):			
CAOC Member? <input type="checkbox"/>	First time? <input type="checkbox"/>	Course:	Number in Group:
Safety Info: Please check in at Finish even if you don't complete the course. Car Make/Model: _____ License: _____ Cell Phone: _____		Non-Members , please fill in E-mail Address: _____	
Entry Fee (\$10 CAOC Members) \$ _____ Entry Fee (\$15 Non-members) \$ _____ Extra Maps (\$3) Qty _____ \$ _____ Compass Rental (\$1) Qty _____ \$ _____ ePunch Chip #: _____ <input type="checkbox"/> CAOC Loan (\$0) <input type="checkbox"/> Owned <input type="checkbox"/> Purchase (\$35) Qty _____ \$ _____ Club Membership \$ _____ Other _____ \$ _____ TOTAL \$ _____	In consideration for acceptance of this entry, intending to be legally bound, I do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Chicago Area Orienteering Club , its members, the Cook County Forest Preserve District, its employees, the DuPage County Forest Preserve District, its employees, the Lake County Forest Preserve District, its employees, the Kane County Forest Preserve District, its employees, the Crystal Lake Park District, its employees, the State of Illinois, its representatives, and any assignees for any injuries or damages to me during or because of this event. Signature: _____ Date: _____ If more than 1 in group, others must sign below. Adult Leader (if under 18) Signature: _____ Date: _____		