

# WINTER QUAD CLASSIC 2015 MEET ENTRY & WAIVER FORM

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SKATE CLUB (Optional): \_\_\_\_\_  
Email: \_\_\_\_\_  
AGE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

FEE: \$30 PER SKATER

DATE: SUNDAY MARCH 8<sup>th</sup> - 6AM TO 11:45 AM (FIRST RACE AT 7AM)

MAKE CHECKS PAYABLE TO: GSW RACING

RELEASE WAIVER:

I understand & acknowledge that **ROLLER SPEED SKATING** is an activity involving significant risk of personal injury. I knowingly & freely assume all risk both known & unknown. I assume full responsibility for my participation, acknowledging these risks. I hereby apply to apply to enter the **WINTER QUAD CLASSIC 2015 SPEEDSKATING COMPETITION**. I represent that I am physically fit and sufficiently prepared to participate in this activity and will use equipment of a type and condition reasonably necessary for my safe participation. **HELMETS ARE MANDATORY! OTHER SAFETY EQUIPMENT IS OPTIONAL.** I hereby agree to release & hold harmless **GRESHAM SKATE WORLD, GSW RACING, THEIR AGENTS, EMPLOYEES AND VOLUNTEERS** from any and all claims for injuries and damages or losses of any kind, which may occur as a result of my participation in this event.

I also give my permission for reasonable and necessary care & grant medical release should I be involved in an accident or health-damaging situation requiring medical treatment.

**ALL MEDICAL EXPENSES INCURRED WILL BE THE RESPONSIBILITY OF THE PARTICIPANT.**

**NO ENTRY FEE REFUNDS OR TRANSFERS WILL BE ALLOWED UNDER ANY CIRCUMSTANCES.**

Amount Paid \$ \_\_\_\_\_

Skater Signature: \_\_\_\_\_

PARENT SIGNATURE (If under 18 years of age)

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