

The Preseason Physical

December 13th



Theodore Wirth Chalet
10 km Freestyle Race 9:00 am,
2km Tour and 1km Kids Race 10:00 am

Sponsored by Hennepin County Medical Center
Emergency Medicine Department and Minnesota Medical Research
Foundation

All proceeds support urban health disparities and resuscitation research at
the Hennepin County Medical Center Department of Emergency Medicine

Race entry fee:
\$25

Skiing and raising money to improve Emergency Care:
Priceless

Race registration will open at **8 am on Saturday, December 13** at the
Theodore Wirth Chalet. Prizes provided by: Rossignol, Toko, Nike,
Integrative Health and Training, Gear West Ski and Run, and more!
Other sponsors include: Endurance Athlete, Finn Sisu, Integrative Health
and Training.

For more information, call Julie H at 612-873-9528 or email
julie.hottinger@hcmcd.org

Registration form on next page

The Preseason Physical Nordic Ski Race Entry Form
Sponsored by Hennepin County Medical Center Emergency Medicine
Department and Minnesota Medical Research Foundation

Please fill out form completely and sign the waiver. **One entry per form, please.** This form may be photocopied. **Early entries may be mailed to: Julie Hottinger, HCMC Research Associate Program, Emergency Department, 701 Park Avenue, Minneapolis, MN 55415**

<hr/> Last Name	<hr/> First Name	
<hr/> Mailing Address	<hr/> Apt. #	<hr/> Zip Code
<hr/> City	<hr/> Phone Number	
<hr/> School/ Club Affiliation	<hr/> Age	<hr/> Gender

Entry Fee: Please make checks payable to: MMRF
Please Check One of the Following:

- | | |
|---|---|
| <input type="checkbox"/> High School/ College Racer \$15 | <input type="checkbox"/> Citizen Early Entry \$20 |
| <input type="checkbox"/> Citizen Racer \$25 | <input type="checkbox"/> Kids Race \$15 |
| <input type="checkbox"/> 2 Km Tour \$25 | |
| <input type="checkbox"/> Are you kidding, me in the cold? I don't think so but I will send in a donation. | |
| <input type="checkbox"/> (amount) | |

Waiver

I know that participating in a ski race is a very strenuous and potentially hazardous activity. I realize that I should not enter unless I am medically able and properly trained. Knowing this, I certify that, to the best of my knowledge, I am in excellent physical condition and have no medical condition that could likely worsen by participating in this event. Furthermore, I certify that I have trained properly for this event and agree to abide by any decision made by a race official concerning my participation. I am fully aware of and assume all risks associated with participating in the event. Risks include, but are not limited to: falls, contact with other participants, the effect of weather including extreme cold, wind, snow, rain, ice, and conditions of the course. I am also fully aware that I am solely responsible for my own safety while traveling to and from all events associated with the Preseason Physical Ski Races. In addition, I fully understand that the wearing of headphones while participating in this event could be potentially hazardous to my safety. Having read this waiver and knowing these facts, and in consideration of you accepting my entry, I for myself and anyone entitled to act on my behalf, including my heirs, devisees and personal representatives, waive and release the Minnesota Medical Research Foundation, Hennepin County Medical Center, the cities and counties in which the race is contested, sponsors, race officials, staff, volunteers, and all of their representatives, successors, and assigns, from any and all claims or liability for death or damages for all injuries to me or my property arising out of or in connection with this event, including without limitation, claims or liabilities resulting from those matters described in the preceding paragraphs. This waiver extends to all claims of any kind or nature, whether foreseen or unforeseen, known or unknown. Furthermore, I grant permission to all foregoing organizations and entities to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes. In addition, my signature below verifies that I have read and agreed to the terms stated above. I understand that the entry fees are non-refundable.

Participant Signature

Signature of Parent or Guardian (if under 18)