



# Riding Mountain Loppet Entry Form

## Saturday March 6<sup>th</sup>, 2010

Register Online at  
[www.friendsofridingmountain.ca](http://www.friendsofridingmountain.ca)

Submit one form per skier

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on race day:	
Address:	City:	Postal Code:	Province:
Home Phone:	Work Phone:	Emergency contact:	
Email:	Name of Ski Club (if applicable):		

<b>Category of Events</b> (please ✓ one below):  <input type="checkbox"/> 1.0 km Chipmunk <input type="checkbox"/> 5.7 km Jackrabbit <input type="checkbox"/> 13.0 km Cougar <input type="checkbox"/> 26.0 km Wolf	<b>Registration Fees</b>		
	<b>Age Category</b>	<b>Early Bird</b> (before March 1, 2010)	<b>Regular Rate</b> (after March 1, 2010)
	Children (11 & under)	<input type="checkbox"/> \$5.00*	<input type="checkbox"/> \$5.00*
	Youth (12 to 17)	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00
	Adult (18 & up)	<input type="checkbox"/> \$20.00*	<input type="checkbox"/> \$30.00*
	Family (up to 4 individuals)	<input type="checkbox"/> \$50.00*	<input type="checkbox"/> \$60.00*
	CCSAM membership (must be a member of a ski club or CCSAM to take part in Loppet)	<input type="checkbox"/> \$5.00 each	
	Extra Wrap-up Meal ticket	<input type="checkbox"/> \$7.00 each	
<b>Total Amount \$</b> _____		* 1 wrap-up meal ticket included in registration fee (up to 4 with Family Rate)	

Card Number: _____	Expiry Date: ____ / ____	Signature: _____
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**Release Waiver and Assumption of Risk – must be signed by all skiers** (if under the age of 18, a parent or guardian must sign for you): I hereby acknowledge that by participating in the 2010 Riding Mountain Loppet I may be exposed to certain risks associated with this event. I release the 2010 Riding Mountain Committee, the sponsors and organizers (the 2010 Riding Mountain Loppet Committee, the directors and officers of Friends of RMNP; its employees, volunteers and landowners) of this event from all liability for injury and damages sustained by me (my child), arising out of my (his/her) participation in the event. I also give full permission for use of my name and photo in connection with any promotion of this event.

Signature: _____	Parent/Guardian Signature: (if participant is under 18 on race day)	Date: _____
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<b>Mail To:</b> Friends of Riding Mountain National Park Box 226 Onanole, Manitoba Canada R0J 1N0	<b>Fax To:</b> Friends of Riding Mountain National Park (204) 848-2596
<b>For more information,</b> contact Friends at (204) 848-4037	

*\*Privacy Statement: "Friends of Riding Mountain National Park Inc. supports the Privacy Law and will maintain the confidentiality of each registrant's file. The personal data, including name, address, telephone number and other pertinent information will not be provided to any outside agency."*