

# Rochester Orienteering Club Registration and Waiver

To be filled in by registrar:
Entry #: _____
Fee: _____
SI card #: _____

Please fill out one form for each entry (group or individual)

Name: _____ <small style="text-align: center;">Individual or Group Leader</small>	Course: _____
Vehicle: _____ <small style="text-align: center;">License, Color, and Make</small>	Phone: _____
Orienteering Club Member? _____ Club: _____	1 <sup>st</sup> Time Orienteering? <input type="checkbox"/>
<small>ROC Members do not need to fill in address information</small>	
Address: _____	City/State/Zip: _____
E-mail address (optional): _____	

## WAIVER

### Every participant (or guardian) must sign

I, the undersigned, accept full responsibility for myself and for any people in my group, for any injuries (we) may incur in this orienteering event. I fully understand that participating in this event may be dangerous to my health. Sprained ankles and wrists, lacerations, bruises, broken bones, lightning strikes, animal bites, collisions with vehicles, hypothermia, and heat exhaustion are among the possible injuries a participant could suffer. I fully understand that there will be no medical or emergency personnel on the course or readily available. I will not hold any of the organizers, the Rochester Orienteering Club or its officers or directors, land owners, any agency of or within the state of New York, or any volunteers responsible. My actions and any mishaps or injuries to me or to anyone for whom I am signing as parent or guardian are solely my responsibility. In signing this waiver I grant permission to the Rochester Orienteering Club to use any photographs, videos, or any other record of this event for any legitimate purpose.

Name (print) <small>List names of each participant in group</small>	M/F	Age	Signature <small>Parent/Guardian Signature if under 18</small>	Date