

Registration Form

If you have pre-registered online at NASTAR.com and you know your NASTAR Registration Number, you only need to complete the shaded portion of this form. If you have not registered for NASTAR, fill in all the fields below. Please note that your age & gender category, city, and state can be seen by others online at NASTAR.com.

Racer Information

<input type="text"/>	<input type="text"/>
NASTAR REGISTRATION NUMBER	BIB NUMBER

<input type="text"/>
LAST NAME

<input type="text"/>	<input type="text"/>
FIRST NAME	MI

<input type="text"/>
* E-MAIL ADDRESS (required) *

<input type="text"/>
HOME ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	COUNTRY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIRTHDATE (MM-DD-YYYY)		GENDER (check one)	DISCIPLINE (check one)		
		<input type="checkbox"/> Male	<input type="checkbox"/> Alpine Ski		
		<input type="checkbox"/> Female	<input type="checkbox"/> Snowboard		
			<input type="checkbox"/> Telemark		
			<input type="checkbox"/> Snowbike		

ADAPTIVE GROUPS (check one, if applicable)	
<input type="checkbox"/> Sitting	<input type="checkbox"/> Cognitive Disability
<input type="checkbox"/> Standing	<input type="checkbox"/> Deaf
<input type="checkbox"/> Visually Impaired	

<input type="checkbox"/> Family / Friends Team	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

Waiver and Release of Liability

PLEASE READ CAREFULLY

I, participant, acknowledge that participating in NASTAR events ("Event") involves a RISK OF PERSONAL INJURY to me and damage to my property, and I knowingly and voluntarily agree to the terms and conditions outlined in this Waiver and Release of Liability. In exchange for being permitted to participate in the Event, I agree to the following: I am in good health and have no physical conditions that affect my ability to participate in the Event and have not been advised otherwise by a medical practitioner. I agree that before I participate in any portion of Event, I will inspect the related facilities, competition site, and equipment. I will immediately advise Event personnel of any unsafe condition that I observe. I will refuse to participate in any activity related to the Event until all unsafe conditions have been remedied. I ASSUME ALL RISKS associated with my involvement with the Event and the risk of injury caused by the condition of any property, facilities, or equipment used during the Event, which may not be reasonably foreseeable by anyone at any time. **I agree and understand these risks include, but are not limited to, risks associated with:** marked and unmarked obstacles, slick or uneven walking surfaces, surfaces covered with ice and snow, varying weather and surface conditions, diminished visibility, rugged mountainous terrain, variations in terrain, bumps, stumps, forest growth, downed timber, rocks of various sizes, strenuous activity, high altitude, collisions, drills, exercises, free skiing, failure of protective barriers and fencing, collisions with snow machines or other equipment, sharing ski area facilities and Event venues with people directly involved and/or not directly involved in the Event and following the direction of Event personnel. I agree not to sue NASTAR, the United States Ski and Snowboard Association ("USSA"), the applicable sponsoring ski area where the Event is held, and the Event sponsors, along with their parent companies, affiliates, and their successors, assigns ("Companies"), their respective employees, agents, or other volunteers, and insurers of any of the above for any injuries, losses, damages, claims, liabilities, or expenses that are caused or alleged to be caused by their negligent or reckless acts or omissions, hazards that are normally associated with participating in the Event, or the condition of the property, facilities, or equipment used for the Event. I agree to indemnify, defend, and hold harmless Companies and their employees, agents, volunteers, and insurers of any of the above from and against any claims, causes of action, damages, judgments, liabilities, fees (including attorney's fees), costs, and expenses incurred by Companies as a result of my unlawful actions or failure to act during the Event. I give permission for Companies to use my biography, name, and likeness in connection with the Event, and any publicity, advertising, and promotion for the Event and future editions of the Event. I waive any right that I may have to inspect or approve any finished product that may be used in connection with the Event. I assign to Companies all rights I may have to my biography, appearance, name, voice, photo, video, or film likeness that have been recorded in connection with the Event. I agree to wear appropriate safety equipment as established by common safety practices during all activities at the Event. In connection with any injury or other medical conditions I may experience during the Event, I hereby consent to receive medical treatment deemed necessary by medical personnel if I am not able to act on my own behalf. I agree not to sue any applicable medical practitioners who may provide medical treatment to me for malpractice. This Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions. This Agreement will be construed pursuant to the laws of the State of Colorado and I agree not to contest this choice of laws provision in any legal action.

I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

Participant Signature _____	Date _____
-----------------------------	------------

PARENT/GUARDIAN SIGNATURE FOR MINORS (UNDER 18 YEARS OLD)
In order for the minor individual to participate in the Event, a parent or legal guardian **MUST** sign below.

BY SIGNING ON BEHALF OF A MINOR, I REPRESENT THAT I AM THE LEGAL PARENT OR GUARDIAN OF THE PARTICIPANT in the Event, and I agree to the terms and conditions contained in this agreement, and I assume responsibility for the actions of the participant.

Parent/Guardian's Signature _____	Date _____
-----------------------------------	------------