

2009-2010 WASHINGTON INTERSCHOLASTIC ORIENTEERING LEAGUE (WIOL)

Registration and Waiver

Complete **ONLY** if you are a **student** attending home, elementary, middle, junior high, or high school and intend to participate during the **WIOL** season. Your parent or guardian and you **must** sign before you can participate in a meet.

PLEASE PRINT

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First Name _____ Last Name _____ Male Female

Address _____ City _____ Zip Code _____

Telephone (_____) _____ Email Address _____

Date of Birth _____ Age _____ Grade _____ Year graduate from high school _____

School _____ Coach _____

Category Grade K-6 (Course 1) Grade 9-12 Junior Varsity (Course 3/4) See WIOL website
(select one): Grade 6-9 (Course 2) Grade 9-12 Varsity (Course 5/6) for category eligibility

Have you participated in **WIOL** before this season? Yes No If Yes, what year was first season? _____

Registration Choice Season Pass-8 meets--\$40 OR \$35 if using your own SI card

(select one): Day of Meet--Pay as you go with \$5-One Time registration and \$7-Each Meet
(Check Payable to Cascade Orienteering Club)

SI Card # if you are using your own: _____

WARNING

The participants in orienteering events should be aware that, as with any sport, orienteering can be a dangerous activity involving many risks of injury. The dangers and risks of participation in this sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculo-skeletal system, and serious injury and impairment to other aspects of the body, general health, and well-being. The dangers and risks of participation in this sport, as with any sport, may result not only in serious injury, but in serious impairment of the participant's future ability to earn a living, to engage in other business, social, and recreational activities, and generally enjoy life.

WAIVER OF LIABILITY

I hereby assume all risks associated with participation in the orienteering event. I hereby for myself, my heirs, executors and administrators, waive and release all rights and claims arising from my participation in said event against the United States Orienteering Federation, the Cascade Orienteering Club and its members, Sammamish Orienteering Club, the U.S. Government, the State of Washington, various Washington Cities and Counties, and public and private land owners and lessees and all foregoing subsidiaries, affiliates, assigns, representative, and successors, and any and all other sponsors, persons, and entities associated with this event. I attest and verify that I am physically fit, have sufficiently trained for the competition of the event, and have full knowledge of any risks involved in this event. I have read the above warning and certify my compliance with the terms of this waiver by my signature. If I am under 18 years of age, my parent or legal guardian must co-sign.

Student Signature _____ Date _____ Parent Cell Phone Number _____

Parent/Guardian _____ Date _____
Print Name Signature

Electronic Punch Card Rental Agreement

I agree to use a SPORTIdent electronic punch card provided by the Cascade Orienteering Club for the 2008-2009 WIOL season. If I lose or damage this punch card, I agree to reimburse Cascade Orienteering Club \$40.00.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____