

# Wolf Chase Race Racer Registration

February 10-11, 2024

Racer Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Team/Club \_\_\_\_\_

MALE  FEMALE

Birth YEAR \_\_\_\_\_

## EVENTS:

Saturday Giant Slalom

Sunday Slalom

Deadline: January 29, 2024      Late Fee: \$15

Entry Fee both days: \$50:

Saturday  Sunday

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One day: \$30:

Saturday  Sunday

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**Please circle one of the sizes for your racers t-shirt:**

T-shirt size: Youth S/Youth M/ Youth L/ Adult S/ Adult M/ Adult L

**\*T-Shirts only available to entries in by deadline\***

**Payment and signed release must accompany registration**

Mail registration with payment to: The Loup Ski Team  
PO Box 246 ~ Twisp ~ WA ~ 98856

**HELMETS ARE REQUIRED**

# Wolf Chase Race Release Form

I am aware that skiing/racing is a hazardous sport that includes certain risks and dangers, including the risk of serious injury or death. I VOLUNTARILY accept full responsibility for all risk involved including risks inherent in skiing/racing and in the ski area/mountain environment. I accept my responsibility to ski safely at all times, to abide by "Your Responsibility Code" which is on mountain maps and various notices and any other ski area rules and policies. Any equipment I use while skiing, I use at my own risk. I agree to RELEASE, HOLD HARMLESS and INDEMNIFY Loup Loup Ski Education Foundation (L.L.S.E.F.), The Loup Ski Team, USFS and WDFW, Loup Loup Ski Bowl and any of its employee, agents, contractors subsidiaries, officers or owners for all claims for injury or damage resulting from any cause, including negligence, which arises out of my participation in, or travel to and from Loup Loup Ski Bowl. This release is also binding as to any other person, including all family members, heirs, executors.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor might have. However, I accept full responsibility for all medical expense incurred as a result of the minor's participation in, or, travel to and from Loup Loup Ski Bowl. I also agree to RELEASE, HOLD HARMLESS and INDEMNIFY Loup Loup Ski Education Foundation (L.L.S.E.F.), The Loup Ski Team, USFS and WDFW of any claims of any nature brought by the minor.

Racer Name: \_\_\_\_\_

Parent/Legal Guardian Signature/Date: \_\_\_\_\_ (if racer is under 18)

**Must have signed release to race**

Loup Loup Alpine Ski Team PO Box 246 ~ Twisp, WA 98856

**NO DAY OF RACE REGISTRATION**