

Buffalo Orienteering Club Registration and Waiver Form

To be filled in by registrar:
 Meet location: _____
 Entry number: _____
 Fee: _____

REGISTRATION

Name: _____
Individual or Group Leader

Course: _____

Vehicle: _____
License, Make and Color

Phone: _____

Orienteering Club Member? Y N Club: _____ First time orienteering? Y N

Address: _____

City/State/Zip: _____

Email Address: _____

WAIVER

Every participant or guardian must sign

I, the undersigned, accept full responsibility for myself and for any person in my group, for any injuries that may occur because of this orienteering meet. 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 that 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 Buffalo Orienteering Club, Inc. or its officers or directors, landowners, any agency of or within the state of New York, or any volunteers responsible. Any actions, mishaps or injuries, during or resulting from this event, to anyone for whom I am signing as a parent or guardian or myself are solely my responsibility.

Printed Name List names of each participant in group	M/F	Age	Signature Or Parent/Guardian if under 18	Date