



# Indiana Crossroads Orienteering

## Meet Registration Form

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### MEET INFORMATION

Meet Location: \_\_\_\_\_ Car License No: \_\_\_\_\_ State: \_\_\_\_\_  
 Names of others in group: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WAIVER

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks, which, in combination with my action, can cause me serious, or possibly even fatal, injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not the organizers of this event, the Indiana Crossroads Orienteering Club, the US Orienteering Federation, the land owners or managers, or any sponsors, am responsible for my safety while I participate in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All participants are required to sign this waiver. Attach additional registration form(s) if needed.  
 Parent or guardians of participating children under 18 years of age are required to sign this waiver.*

### FEEES

Make check payable to:	\$5.00	Member	\$_____ . ____
INDIANA CROSSROADS ORIENTEERING	\$15.00	Non-member	\$_____ . ____
	\$2.00	Additional map <b>X</b> ( ____ )	\$_____ . ____
		<b>Total due</b>	\$_____ . ____