# Indiana Crossroads Orienteering

## Entry Form

Select Course: 12 hour 6 hour (Circle one)

TEAM NAME: _____ CAPTAIN: _____

ADDRESS: _____

PHONE: _____ Email _____

**FEES**

Entry Fee (number of persons) X $25.00 ea. = _____
Late fee (after 3/23/14) X $ 10.00 ea. = _____
Total Enclosed = _____

All team members must sign the release. Juniors must have parent or guardian signature.

**RELEASE**

I understand that Rogaining, 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 actions can cause me serious 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 and officials of this event, Indiana Crossroads Orienteering or the land owners, am responsible for my safety while I participate in this event.

**Parent/Guardian**

Name _____ Age ____ Signature _____

Name _____ Age ____ Signature _____

Name _____ Age ____ Signature _____

Name _____ Age ____ Signature _____

Name _____ Age ____ Signature _____

Make checks payable to: Indiana Crossroads Orienteering

Send form and payment to: ICO
c/o Mike Garrison
450 W Hawthorne St.
Zionsville, IN 46077