To be filled in by registrar:

Entry #: _____

Fee: _____

Rochester Orienteering Club
Registration and Waiver

Please fill out one form for each entry (group or individual)

Name: _____ Course: _____
Individual or Group Leader

Vehicle: _____ Phone: _____
License, Color & Make

Orienteering Club Member? Club: _____ 1st Time Orienteering? ☐

ROC Members do not need to fill in address information

Address: _____

City/State/Zip _____

Email address (optional) _____

WAIVER

Every participant (or guardian) must sign

I, the undersigned, accept full responsibility for myself and for any people in my group, for any injuries (we) may incur in this orienteering event. 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 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 Rochester Orienteering Club or its officers or directors, land owners, any agency of or within the state of New York, or any volunteers responsible. My actions and any mishaps or injuries to me or to anyone for whom I am signing as parent or guardian are solely my responsibility.

Name (print) List names of each participant in group	M/F	Age	Signature Parent/Guardian Signature if under 18	Date