

Hudson Valley Orienteering (HVO) Local Event Registration G02.2

Event Location		Date
Name of Individual or Group Leader <i>(please print legibly!)</i>		
Street Address		
City	State	Zip
Contact Phone # <i>TODAY</i>		
Orienteering Club	School, JROTC unit, or Scout unit	
E-mail address <small>(please enter if you wish to receive occasional information on future HVO events)</small>		
Newcomers: How did you find out about this event?		

Vehicle you drove, or in which you rode, today: OR Person who drove you, and who also registered:	Year	Make	Model	Color	Plate#	State
----- Name						

Will you be participating as an individual, or with a group?	Individual: <input type="checkbox"/> M <input type="checkbox"/> F OR <input type="checkbox"/> Group
	Year born: _____ # in group: _____
Please select course: <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Orange <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> other:	Today, this course will be my... <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Do you wish to rent a compass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need to rent an e-punch ("SI") card? <input type="checkbox"/> Yes <input type="checkbox"/> No
SI-card # (if <i>not</i> renting)	

ALL individuals, and group members, must sign waiver on right side.

You **MUST** check-in at the finish, *whether or not you finish your course.*

<i>For event organizers' use...</i>				
Class:	Waiver?	SI#:	Rental?	Fee:

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WAIVER OF LIABILITY

I, the undersigned, accept full responsibility for myself, and for any minors in my group, for any injuries I (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 responsible any of the organizers, any volunteers, *Hudson Valley Orienteering Inc.*, or its officers or directors, land owners, or any agency of or within the state of New York, or state of New Jersey.

I fully understand that my actions, and any mishaps or injuries, to me, or to any minors for whom I am signing as parent or guardian, are solely my responsibility.

In signing this waiver, I hereby grant permission to *Hudson Valley Orienteering Inc.* to use any photographs, videos, or any other record of this event for any legitimate purpose.

The undersigned, if not already a member of *Orienteering USA*, is granted a one-time guest membership to Orienteering USA for the date(s) stated above. Please note that this membership does not entitle you to the entire list of benefits of an annual member.

#	Printed Name(s) <small>(for minors – age 17 & under – the names & ages of both the minor and the parent / guardian signatory must be entered)</small>	Age	Signature(s) <small>(adult participant or parent / guardian of minor)</small>
1			
2			
3			
4			
5			
6			