



SCREAMIN' TELE LIZARD CLASSIC



ELEVENTH ANNUAL SCREAMIN' TELE LIZARD CLASSIC REGISTRATION FORM
March 10, 2007 at Mt. Ashland

Name (Please print) Phone _____

Address _____

City _____ State _____ Zip _____

CATEGORY: PLEASE CHECK APPROPRIATE GENDER AND AGE CATEGORY

Female 40 & Under _____

Male 35 & Under _____

Female 41 & over _____

Male 36-45 _____

Male 46 & over _____

FEEES:

Entry Fee with T-shirt:

\$27 _____ (\$32 on race day)

Entry Fee without T-shirt:

\$15 _____ (\$20 on race day)

T-shirt size: Sm Med LG XL XXL (please circle one if applicable)

TOTAL AMOUNT \$ _____

MAKE CHECKS PAYABLE TO: Mt. Ashland

(Discounted racer lift tickets, \$31 for ages 18 and older, are available the day of the race. Do not include the lift ticket price in your registration total.)

If you wish to charge on your bank card, please fill in below:

Print name as it appears on card _____

Master/Visa Card # _____ Expiration Date: _____

Signature: _____

Mail to:

Mt. Ashland
PO Box 220
Ashland, OR 97520

Deliver to:

Main Ticket Desk in the Mt. Ashland Lodge
or Mt. Ashland Downtown Business Office
693 Washington Street,
Ashland, Oregon



THIS IS A LIABILITY RELEASE -- READ CAREFULLY BEFORE SIGNING

SKI/SNOWBOARD RACING/TRAINING RELEASE

PLEASE PRINT:

Event: Screamin' Tele Lizard Classic

Participant Name _____ Age _____

I agree to abide by Your Responsibility Code and ORS 30.985, and all other ski area rules. I shall maintain safe and prudent speeds in all recreational skiing & snowboarding areas. I understand that rude or reckless behavior, or failure to comply with the above rules may result in removal of ski privileges without warning.

Participant initial here: _____

I acknowledge that skiing, ski racing, snowboarding and related activities are **hazardous** activities and that I have made a voluntary choice to participate in those activities despite the risks that they present. In consideration of my being permitted to participate in ski racing or training, I agree to **assume any and all risks of injury or death** which might be associated with or result from my participation in this activity.

Participant initial here: _____

I further agree to **release from liability** and to **indemnify and hold harmless** the organizers and sponsors of these activities, Mt. Ashland Association d.b.a. Mt. Ashland and its owners, agents, landlords, affiliated companies and employees for any damage, injury or death to myself or to any person or property for any reason, in any way connected with my preparation or practice for or my participation in these activities. This **release includes claims based upon negligence**. This indemnity agreement includes costs and attorney's fees incurred by Mt. Ashland.

Participant initial here: _____

I, the undersigned, have carefully read and understood this agreement and all of its terms. I understand that this is a **release of liability** which will legally **prevent** me or any other person from filing suit or making any other legal claim for damages in the event of my death or injury. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

Participant initial here: _____

PARTICIPANT SIGNATURE _____ **DATE** _____

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation in the above named activities. I agree to release, hold harmless and indemnify Mt. Ashland for any claims brought by or on behalf of the minor, including costs and attorney's fees incurred by Mt. Ashland.

PARENT OR GUARDIAN SIGNATURE _____

(Parent or legal guardian must sign if participant is under 18 years of age)