

# BOULDER NORDIC SPORT

## BNS Training Group Sign-Up Form 2010-2011

The Boulder Nordic Sport Winter Training Group provides expert coaching on snow for cross-country skiers. The group meets Tuesday and Wednesday mornings from 6:45-8:15AM at Eldora Mountain Resort or occasionally in Boulder when snow conditions allow. The group begins the first week of December and runs through the end of the first week of March. Winter Training Group participants are required to have an Eldora Nordic season pass.

Weekly workouts include technique coaching in small groups, in-depth video analysis and information on topics including training, racing, waxing, and many others. The program is an excellent way to rapidly develop technique and fitness while learning about all aspects of the sport. The consistent supervision of expert coaches provides you with the tools you need to reach your goals in the sport, whether want to win a national championship or simply enjoy the sport by skiing with a fun group of people who share your passion.

### Pricing

| Session | Start                  | Finish                  | # workouts    | 1 session per week      |
|---------|------------------------|-------------------------|---------------|-------------------------|
| Fall    | N/A                    | N/A                     |               |                         |
| Winter  | First week of December | End of First week March | 14 (1 weekly) | \$110/month<br>3 months |

Payments for training groups can be made in their entirety or monthly by credit card or automatic check. Those who start a program in the middle of the session will be prorated.

Team BNS members who sign up for all three months and pay in full will receive a 15% discount card valid until for March 1 for all non-sale items excluding hand-selected skis.

Please place a check next to the months you would like to register.

| <b>Month</b>            | <b>One Session per week</b> | <b>All Sessions</b> |
|-------------------------|-----------------------------|---------------------|
| <b>December</b>         |                             |                     |
| <b>January</b>          |                             |                     |
| <b>February-March 5</b> |                             |                     |

**Please check appropriate boxes: I will pay \_\_\_MONTHLY \_\_\_IN FULL by \_\_\_CASH \_\_\_CHECK \_\_\_CREDIT CARD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

**WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT**

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS.

I, \_\_\_\_\_, know that nordic skiing and training for nordic skiing are action sports carrying significant risk of serious personal injury, death or property damages. I also know that there are natural, mechanical and environmental conditions and risks which independently or in combination with my activities may cause property damages, or severe or even fatal injuries to me or others.

With my enrollment in the Boulder Nordic Sport Clinic(s) and/or Coaching Program(s) (The Program), I acknowledge that I have voluntarily applied to participate. I am voluntarily participating in The Program with the knowledge of the numerous risks and dangers involved. Dangers include but are not limited to: physical exertion for which I may not be adequately prepared; forces of nature; travel, by plane, train, auto, boat or on ski, roller ski, bicycle or by foot; civil unrest; terrorism; defects in vehicles; breakdown of equipment; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the inadequacy of medical attention once provided; collisions with other skiers or objects; inadequate trail grooming; presence of natural hazards; or negligence on the part of Natron Nordic Enterprises, LLC; Boulder Nordic Sport, Sponsors, Trail Operators, their employees, officers, agents or others. I acknowledge that the training and enjoyment of The Program is derived in part by the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work.

I agree that I alone am responsible for: (a) my safety while participating in The Program and/or competitive events and/or training for competitive events and, (b) providing, utilizing and maintaining that equipment necessary for the safe enjoyment of my participation in such events and specifically acknowledge that the following persons or entities including Natron Nordic Enterprises, LLC; Boulder Nordic Sport, the coach(es), and any agent, representative, officer, director, employee, sponsor, member or affiliate of any person or entity named above are not responsible for my safety. I specifically RELEASE and DISCHARGE, in advance, those parties from any and all liability whether known or unknown, even that liability which may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsibility for the risks, conditions, and hazards, which may occur whether they now be known or unknown.

I further agree to forever HOLD HARMLESS and IDEMNIFY all persons and entities identified above, generally and specifically, from any and all liability for death, personal injury or property damage, resulting in any way from my participating in The Program, competitive events or training for competitive events.

I currently have, and I agree to maintain throughout the time that I attend The Program valid and sufficient medical and accidental insurance. I understand that this is my sole responsibility and release all persons and entities identified above for providing this coverage for me.

This Acknowledgement and Assumption of Risk and Release shall be binding upon my heirs and assigns.

By signing below, I acknowledge that I have read, I understand and I accept the policies for The Program and that I have read, I understand and I accept the assumption of risk.

**Athlete:**

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

**Printed Name:** \_\_\_\_\_

**Parent or Guardian if Athlete under 18:**

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

Printed Name: \_\_\_\_\_