Waiver for Event Participation North Texas Orienteering Association

P.O. Box 824513 Dallas, TX 75382

All participants (individual competitors and each member of a group) must submit a completed waiver. Those without a completed waiver will not be permitted to participate in the event. Complete this waiver and bring it with you to the event. At the registration table, you will turn in this waiver, pay your entry fee, and receive your punch card. Maps and clue sheets are distributed at the start line.

Please complete the following in pen	
Name:	(NTOA, Other O-club, School/JROTC, Scouts, etc.)
Course: AS ASSIGNEL Sex:	(M/F) Year of Birth:
	3300 E. CARTURIGHT ROAD
City: MESQUIRE	State: <u>/X Zip7578/</u> Phone: <u>972-882-</u> 525
Email:	nt updates or news, will not be shared outside NTOA.)
To help us ensure that everyone is acc	counted for after the meet, please provide the following information:
	COL J. Q. METHERED
Vehicle - Make/Model: SCHOO	CBUS Color: YELLOW Plate #:
To be filled in by Registrar: Event: Date:	Meet Fees: Membership: Compass: DL or \$10
If you do not fully accept the following I, the undersigned, know that Oriente injury. I know that there are natural a combination with my actions, can cauparticipant must take an active role in also agree that I alone am responsible and officials of this event, the North	aiver of Responsibility ng and do not sign this waiver, you will not be allowed to participate. bering, as an outdoor action sport, carries significant risk of personal and man-made hazards, environmental conditions, and risks, which in ase me serious or possibly even fatal injury. I agree that I as a a understanding and accepting these risks, conditions and hazards. I be for my safety while I participate in this event, and not the organizers Texas Orienteering Association, the US Orienteering Federation, the pality/county/state of the event location, or any sponsors.
Parent or Guardian MUST si including all group members	ign if entrant is under 18 years of age. All participants, must have a valid waiver.
NAME (Please Print)	
SIGNATURE (or signature of pare	ent/guardian) DATE