

2025 “KIND-A-HARD” CLASSIC

“Kind-a-Hard” 5k race: \$20

“Kid’s Scramble” 1k race: \$5

Day-of registration: add \$10

☐ “Kind-a-Hard” Classic 5k (open to ages 10+)

☐ “Kid’s Scramble” 1k (open to ages 4-12)

*Ages as of December 31, 2024

Cash amount \$ _____ Check amount / number \$ _____ / _____

Name _____ Age _____ ☐ male ☐ female ☐ nonbinary

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Medical condition(s) _____

WAIVER AND RELEASE OF LIABILITY

1. Identification of Risks: I understand that participation in any skiing activity, including but not limited to, preparation for, participation in, and coaching of activities in cross country ski competitions and clinics, involve risk of serious injury, including permanent disability, death and other losses, due to inaction or negligence of myself or others.

2. Assumption of the Risk: I agree that I am responsible for my safety while participating in the “Kind-a-Hard” and/or “Kid’s Scramble,” and that such responsibility includes participation only a) when I am both physically and psychologically prepared to participate safely; b) after fully familiarizing myself with the venue before beginning the activity, and c) while using the equipment of a type and condition reasonably necessary to participate safely. I assume all risk connected with responsibility for any injury or loss connected with my participation.

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3. Waiver: Aware of risks and willing to assume them, I hereby waive, release and agree to hold harmless the Pennsylvania Cross Country Skiers Association (PACCSA), the Commonwealth of Pennsylvania, the Department of Conservation and Natural Resources (DCNR), their affiliates, subsidiaries, officers, directors, employees, agents, coaches, trainers, doctors, officials, event organizers or sponsors (Released Parties) from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in activities associated with the “Kind-a-Hard and/or “Kid’s Scramble” races except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for this waiver and release to apply also to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assign who may pursue any legal action or claim on my behalf.

4. Insurance: I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

5. COVID-19 Precautions: I understand that all participants, volunteers and staff must go through a health screening questionnaire and temperature check prior to the event. In addition, I agree that I and/or any minor for which I am a parent or guardian will stay at home and will not participate in this event if any of us have tested positive for COVID-19 within the past 14 days or have had any of the following symptoms within the past 3 days (72 hours): FEVER of 100° F, COUGH, SHORTNESS OF BREATH, SORE THROAT, RUNNY NOSE, LOSS OF TASTE OR SMELL, DIARRHEA, NAUSEA, VOMITING, MUSCLE/BODY ACHES, FEVER/CHILLS, FATIGUE. In addition, I agree not to participate upon knowledge of exposure to anyone who has tested positive for COVID-19 within the past 14 days.

6. Photo Release: I agree to grant PACCSA, and its authorized representatives permission to record on digital or film photography and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote PACCSA, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Signature _____

Print Name _____ Date _____

For participants of Minor Age: This is to certify that, as parent/legal guardian of the above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature _____

Print Name _____ Date _____