

2019 Great Bear Chase Entry Form

Mail completed forms and payment to:
 UP Health System Portage
 Attn: Great Bear Chase
 921 W. Sharon Ave
 Houghton, MI 49931

 Last Name _____ First Name

 Address _____ City _____ State _____ Zip

 Email _____ Telephone number

Male Female _____
 Gender Date of Birth _____ Team name if participating in the CXC Marathon Cup

 Emergency Contact _____ Emergency Contact Telephone number _____ Cell # for text message updates

CLK Rotary Spaghetti Dinner – March 8 from 4-8 p.m. at the Siskiwit Hall. \$8 per person, children ages 10 and under free. Include payment with Entry Form for advanced tickets.

Race (circle one)

10K Classic 10K Freestyle 25K Classic 25K Freestyle 50K Classic 50K Freestyle 50 Skiathlon

Entry Fees	10K	25K	50K	Skiathlon
by December 31	\$ 30	\$ 65	\$ 65	\$ 65
by February 1	\$ 40	\$ 70	\$ 70	\$ 70
through March 3	\$ 40	\$ 80	\$ 80	\$ 80
March 4-7	\$ 45	\$ 95	\$ 95	\$ 95
March 8	\$ 50	\$ 110	\$ 110	\$ 110

Entry fees are non-refundable. No refund or charge to change to the 10K races - \$10 fee for all other changes after March 3, 2019. **Youth Discount** - \$40 fee for 19 and younger in any race. Checks can be made out to: Great Bear Chase

Waiver

I, the undersigned, know that Nordic Skiing is an action sport carrying significant risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions, and risks which in combination with my actions can cause me very severe or occasionally fatal injury. I agree that I, as a participant must take an active role in understanding and accepting these risks, conditions and hazards. I also agree that I, and not the ski area or its staff or the sponsor of USSA, (USSEF, USST and USSCA) and/or its clubs, officials and staff, am responsible for my safety while I participate or train for these events. Furthermore, I grant full permission to any of the foregoing to use my photo or any other record of this event for publicity or other legitimate purposes.

Signature _____
Parent or Guardian (if under 18)

Date _____