



2007 EMPIRE STATE WINTER GAMES 5K SNOWSHOE RACE INFORMATION

What are the details?

- * Participants must be residents of New York State, or students enrolled in a NYS School.
 - * The first 100 qualified 5K racers at bib pickup at the final race in Lake Placid will receive an ESG ski cap. Note: one ski cap per person.
 - * The 5K final will be held at 1pm on Sunday, February 25 at the Olympic Sports Complex Biathlon Center at Mt Van Hoevenberg.
 - * Medals (1st/2nd/3rd) will be awarded to the overall winners (male & female) and age-group winners.
 - * There is no entry fee for the final race in Lake Placid, however racers must be registered members of the Empire State Snowshoe Racing Association.
 - * For additional information you may email: snowshoeguy@yahoo.com, call the Empire State Games office at 518-474-8889 or visit the Empire State Snowshoe Racing Association website at www.empirestatesnowshoe.org
 - * Qualified racers are permitted to purchase an ESG Sweatsuit during ESG Registration hours in Lake Placid, February 22, 23, 24. Visit the ESSRA website for details.
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How do I Qualify?

1. You must complete in at least one 5K snowshoe race at a designated Empire State Games Snowshoe Qualifier. Qualifying race dates and locations are listed on the ESSRA Web site at www.empirestatesnowshoe.org.
 2. This entry form must be completed and returned to the address indicated below so it is **received** by 3pm on Wednesday, February 14, 2007.
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Where do I mail the form?: On the entry form (on reverse) complete the personal history information, check the age group you wish to enter, indicate your qualifying race, sign the waiver and return to:

**Empire State Games Snowshoe 5k
1 Empire State Plaza
Albany, NY 12238**

Forms may also be faxed to the Games office at: 518-474-7944

Please do not *both* fax *and* mail your form!

Please remember to sign the waiver!!

REMEMBER! Entries close at 3pm Wednesday, February 14, 2007. If your entry is not received by February 14, it will not be accepted. Post entries will NOT be permitted.

2007 EMPIRE STATE WINTER GAMES 5K SNOWSHOE ENTRY

Please complete the 4 parts below, and return by 3pm February 14, as indicated on attached page.

1 Participant Information - PLEASE PRINT

NAME _____
(Last) (First) (Middle)

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE: () _____ EMERGENCY CONTACT PHONE: () _____

SEX (circle): M F ||| DATE OF BIRTH: ____/____/____ ||| Email: _____
Month/ Day/ Year

2 Please check the division you wish to enter (Check ONLY ONE):

Open (ages 19 to 29)

Scholastic (Secondary school or younger)

Masters (please check age group):

Masters I: 30-39

Masters II: 40-49

Masters III: 50-59

Masters IV: 60-69

Masters V: 70+

Note: Age for each division is your age as of race day - February 25, 2007

3 Please indicate the location and date of the race at which you qualified (subject to verification):

4 Waiver Must be signed **WAIVER & MEDICAL RELEASE**

I the undersigned, hereby release and forever discharge any and all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the State of New York, the New York State Office of Parks, Recreation, and Historic Preservation, the owner of the site of regional and/or finals competition I may be competing in, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my participation in the competition known as the Empire State Games.

I recognize the challenges of the event(s) in which I have chosen to participate and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that I have not been advised otherwise by a qualified medical person. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Empire State Games in any manner incidental to my participation in the Empire State Games and without compensation to me.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I hereby agree that if I am selected to compete at the Finals, I will abide by the code of conduct as stated in the Empire State Games athlete handbook (Games Plan), and if failing to do so, will abide by any penalties as stipulated by such.

Applicant's Signature

Date

BELOW TO BE COMPLETED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

I have read the foregoing "Release of Liability" by _____ (print name of athlete) of whom I am either a parent or guardian, and I agree that I shall be bound by its terms and conditions as if I were signatory thereto. Furthermore, I hereby release the State of New York, the Office of Parks, Recreation and Historic Preservation, its officers, employees, agents and representatives from any and all claims which may accrue to me arising out of or in connection with the participation of _____ (athlete) in the Empire State Games, and I hereby agree to indemnify and save harmless the State of New York from any damages or costs awarded to _____ (athlete) arising out of connection with his or her participation in the Empire State Games. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by _____ (athlete) for medical treatment.

Signature of Parent or Guardian

Date