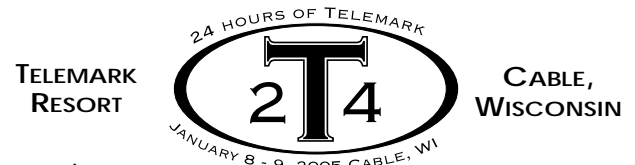


**THE 24 HOURS OF TELEMAR**  
 TS EVENTS, INC.  
 P.O. Box 505  
 HAYWARD, WI 54843

*America's First 24 Hour  
 Cross Country Ski Team Relay race.*



**18 CATEGORIES FOR ALL ABILITIES, INCLUDING SOLO, DUO, 3, 6, 12, & 24 HOUR RACES!**



5th Annual  
**24 HOURS OF TELEMAR IS THE ULTIMATE PERSONAL CHALLENGE**

**THE COMPETITION IS SIMPLE: SKIERS FORM UP TO 6 MEMBER TEAMS AND TAKE TURNS SKIING A 5KM COURSE FOR A CONTINUOUS 24 HOUR PERIOD. THE TEAM IN EACH CATEGORY THAT CAN COMPLETE THE MOST LAPS IN 24 HOURS IS THE WINNER.**



**THE 24 HOURS OF TELEMAR**  
 TS EVENTS, INC.  
 P.O. Box 505  
 HAYWARD, WI 54843  
 PHONE: (715) 798-3571  
 EMAIL: KRUSKSI@CHEQNET.NET  
 WEB: WWW.TEAMSPORTSEVENTS.COM

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

*This form must be read carefully, filled out completely, and signed by each racer (no faxed or photocopied signatures will be accepted). This form can be signed and mailed, or you can sign this form at registration.*

I acknowledge that this athletic event, The 3, 6, 12, & 24 Hours of Telemark (referred to as The 24 Hours of Telemark), is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the event, and/or lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/or volunteering in The 24 Hours of Telemark. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault.

I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in The 24 Hours of Telemark, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, litigation costs, and my traveling to and from the 24 Hours of Telemark, THE FOLLOWING ENTITIES OR PERSONS: TS Events, Inc., Team Sports Events, LLC., Telemark Resort, the medical service providers, the ambulance service, and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in The 24 Hours of Telemark, whether caused by the negligence of releasees or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, electronic, digital or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content (no faxed or photocopied signatures).

Captain's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #4 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Skier #2 Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #5 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Skier #3 Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #6 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If 17 or under, Signature of Parent or Guardian Is Required Below:  
 The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Captain's Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #4 Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Skier #2 Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #5 Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Skier #3 Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Skier #6 Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FILL OUT THE REGISTRATION FORM ON REVERSE AND MAIL TO:**  
 TS EVENTS, INC., P.O. Box 505, HAYWARD, WI 54843  
 PHONE: (715) 798-3571, EMAIL: KRUSKSI@CHEQNET.NET



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**Chicago**  
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 I-94 west  
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 63 north  
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