



North American Cup #3
U.S. Senior Trials Minnesota Cup #3
Dec 18-21, 2008
Mt. Itasca, Coleraine, MN
Sponsored by Mount Itasca Biathlon Association



Tentative Event schedule

Tues. Dec 16	10:00 am - 4:00 pm	Team Arrival Unofficial Training
Wed. Dec 17	10:00 am - 2:00 pm 10:00 am - 2:00 pm 5:00 pm	Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting – Sawmill Inn (tentative site) Election of Juries, Draws for Sprint Competition
Thurs. Dec 18	9:45 - 9:55 am 10:00 -10:45 am 11:00 am 1:00 pm	Opening Ceremonies Zero Sprint Competition Flower Ceremony
Fri. Dec 19	10:00am – 1:00 pm 5:00 pm	Official Training Coaches Meeting – Sawmill Inn
Sat. Dec 20	10:00 - 10:45 am 11:00 am 1:00 pm 6:30 pm 7:30 pm	Zero Pursuit Format Competition Flower Ceremony Coaches Meeting- Sawmill Inn Award Ceremony- Sawmill Inn
Sun. Dec 21	9:00am 10:00 am 12:00 pm	Zero Mass Start Competition – Mass Start Flower Ceremony

Race Format:

Class	Age	Sprint	Pursuit	Mass Start
Master Men	30+	10 k - PS	12.5 k -PPSS	15 k - PPSS
Master Women	30+	7.5 k - PS	10 k - PPSS	12.5k - PPSS
Men	21-29	10 k - PS	12.5 k -PPSS	15 k - PPSS
Women	21-29	7.5 k - PS	10 k - PPSS	12.5 k - PPSS
Jr Men	19-20	10 k - PS	12.5 k - PPSS	12.5 k - PPSS
Jr Women	19-20	7.5 k - PS	10 k - PPSS	12.5k - PPSS
Youth Men	17-18	7.5 k - PS	10 k - PPSS	10 k -PPSS
Youth Women	17-18	6 k - PS	7.5 k - PPSS	10 k - PPSS

Changes to format will be posted at www.minnesotabiathlon.com

Travel: Grand Rapids/Coleraine area is 180 miles north of the Minneapolis/St. Paul, about 3½ hours of driving time; 75 miles NW of Duluth, and 300 miles S of Winnipeg.

Directions: From downtown Grand Rapids, take Hwy 169 North, traveling east out of Grand Rapids to Coleraine, about 6 miles. When entering Coleraine, turn left at Curly Ave – follow the Ole N. Mangseth Ski Jump signs. Go past the arena, left on Cty Rd 61 for ½ mile. Turn left into the Mt. Itasca driveway – stay left at the Y.

Housing: Group rates for team accommodations can be made at the Sawmill Inn, 2301 Pokegama Ave S. (Hwy 169 S), Grand Rapids. www.sawmillinn.com, (800) 667-7508, (218) 326-8501. Limited rooms are available: please refer to “Biathlon Rate” when making reservations.

For other hotel accommodations: contact the Grand Rapids Convention & Visitors Bureau, 218-326-9607, 1-800-355-9740 or

<http://www.visitgrandrapids.com/vacations/lodging/motels/index.html>

Entry Fee: \$100.00 (U.S. Dollars) for all races.

Registration: Please complete Competitor Entry Form, with registration fee (US Dollars) and mail to:
Mt. Itasca Biathlon Association
P.O. Box 813
Grand Rapids, MN 55744

All competitors are required to be USBA or Biathlon Canada members in order to participate in races. Membership information for USBA is available at www.usbiathlon.org

Registration with check (U.S. Dollars) due by December 12, 2008

Coaches should also include a team entry form (attached).

For further race information, contact:

Petra Cervenkova, Race Secretary, pcervenkova@hotmail.com 218-999-5046 home, 218-256-8938 cell

USBA contact: Piotr Bednarski: MNbiathlon@aol.com, 952/237-0765 cell

Hotel, travel information: www.visitgrandrapids.com 218-326-9607, 1-800-355-9740

MN Biathlon www.minnesotabiathlon.com

U.S. Biathlon Association www.usbiathlon.org





Competitor Entry Form

North American Cup #3

U.S. Senior World Trials



Dec 18-21, 2008

MN Cup #

Pre-registration with payment due December 12, 2008

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ____ Zip _____ Country _____

Email: _____ Phone: _____ Birth date: ___/___/___ Age: _____

USBA: or Biathlon Canada #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone # _____

Race:

- Sprint – Thurs. Dec 18
- Pursuit Format – Sat. Dec 20
- Mass Start – Sun. Dec 21

Class/Age:

- Masters Men: 30+ yrs
- Men: 21-29 years
- Junior men: 19-20 years
- Youth men: 17-18 years
- Boys: 14-16 years
- Masters Women: 30+ yrs
- Women: 21-29 years
- Junior women: 19-20 years
- Youth women: 17-18 years
- Girls: 14 -16 years

Entry Fees:

- \$100.00 (U.S. Dollars) for all races.
- \$60.00 (U.S. Dollars) for two races.

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to Mt. Itasca Biathlon Association.

Please enclose payment with registration form. Mail to: **Mt. Itasca Biathlon Association,
P.O. Box 813
Grand Rapids, MN 55744**

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of risk. I agree that I am responsible for my safety while participating in biathlon training and competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Biathlon Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in biathlon training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.

I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

Date _____
Participant's signature

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

Date _____
Parent/guardian's signature

For office use: Amt Pd _____
<input type="checkbox"/> Chk # _____ <input type="checkbox"/> Cash Initials _____

