

# **MORA VASALOPPET SKI CLINICS**

## **Sponsored by the Mora Ski Club**

Learn how to improve your summer, fall and winter cross-country ski training and technique to enjoy the sport even more from Mora Vasaloppet champions and elite skiers **Chad Giese, Nikolai Anikin and Andre Watt** at these Saturday clinics. Youth (7th grade and up) and adults, with all levels of skiing experiences are invited to participate.

**Location: Mora Vasaloppet Nordic Ski Center** – North of Mora 1/2 mile on #65 and west on 9<sup>th</sup> Street. Watch for signs.

**Wear:** Comfortable workout clothes and running shoes.

**Bring:** Ski poles, ski boots, roller skis if you have them, a bike helmet is required if roller skiing and your lunch. Drinks and snacks will be furnished.

### **SATURDAY, JUNE 28<sup>TH</sup>, 9 a.m. – 1 p.m.**

**Chad Giese** will cover summer dry land training, a training plan, endurance, strength, cross-training and nutrition. **Optional:** Afternoon pole walk or roller ski.

### **SATURDAY, AUGUST 23<sup>RD</sup>, 9 a.m. – 1 p.m.**

**Nikolai and Andre Watt** in the morning will cover classic and skate dry land and strength training and a fall training plan. **Optional:** Afternoon session 1– 4 p.m.: Classic and skate roller skiing demonstrations followed by a chance to try roller skiing with technique instruction. Several pair of roller skis will be available to try.

### **SATURDAY, OCTOBER 11<sup>TH</sup>, 9 a.m. – 1 p.m.**

**Chad Giese and others** will cover fall and early snow training, roller ski technique, speed, etc.

### **SATURDAY, DECEMBER/JANUARY – On Snow Clinic, Date and times to be announced**

– **Chad Giese and others** will help you with classic and skate skiing technique on snow. Video taping technique analysis is being planned.

### **SATURDAY, NOVEMBER 15<sup>TH</sup> – MORA SKI CLUB SKI SWAP AND SKI WAXING DEMONSTRATION**

– Come to buy and/or sell used skis and pick up some ski waxing tips.

**COST PER CLINIC SESSION:** \$10/Students (grades 7-12); \$20/Adult 18 yrs and older. (Includes: instruction and refreshments).

**REGISTRATION:** Complete the registration form and make a check payable to the **MORA SKI CLUB**. Send to: **Mora Vasaloppet, Box 22, Mora, MN. 55051** or Fax completed form to **320-679-4840** and bring check to the clinic. **WAIVER & RELEASE MUST BE SIGNED.**

**FOR MORE INFORMATION** or for a registration form see the Mora Ski Club website at <http://moraskiclub.org> or call **320-679-1097**.

**REGISTRATION FORM:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Night Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Skier Experience Level** (Check one that best describes your ability and experience)

Beginner/Novice \_\_\_\_\_ Advanced/Experienced \_\_\_\_\_

**I (We) wish to register** for these clinics (Include number of people coming to each clinic)

\_\_\_\_\_ **June 28<sup>th</sup>** \_\_\_\_\_ **August 23<sup>rd</sup>** \_\_\_\_\_ **October 11<sup>th</sup>** \_\_\_\_\_ **December on snow clinic**

Make check payable to the **Mora Ski Club**. Mail Registration form and check to **Mora Vasaloppet, Box 22, Mora, MN 55051. Or, fax form to 320-679-4840.**

**PAYMENT ENCLOSED:** \$ \_\_\_\_\_

**WAIVER & RELEASE OF LIABILITY – MUST BE SIGNED!!**

**1. Identification of Risks.** I understand that participation in any skiing activity, including but not limited to preparation for, participation in, coaching and related activities in Nordic and freestyle training and competitions (“The Activity”), involves risks of serious injury, including permanent disability, death and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions, inactions or negligence of others.

**2. Assumption of Risk.** I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participating in the Activity 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 safely participate in the Activity. I assume all risks connected with responsibility for any injury or loss connected with my participation in the Activity.

**3. Waiver.** Aware of the risks and willing to assume them, I hereby waive, release and hold harmless Mora Vasaloppet Inc. and Mora Ski Club officers, directors, employees, agents, event organizers or sponsors (“Release Parties”) from all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity. I intend for this waiver and release to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim on my behalf.

**4. Applicable Law.** This waiver and release informed under and is to be interpreted consistent with laws of the state of Minnesota.

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

**I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND HAVING DONE SO I AM SIGNING IT VOLUNTARILY.**

Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

**FOR ATHLETES OF MINORITY AGE**

(if athlete is less than 21 years of age and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania or Wyoming, or less than 18 years of age and a resident of any other state, then the parent, or legal guardian must sign below.)

This is to certify that, as parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_