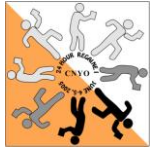




# CNYO STANDARD GAINING ENTRY FORM



**Return completed entry form with full payment to:**

CNYO, c/o Barbara Dominie, 3378 Pine Hill Rd., Marathon, NY 13803-2315

**or e-mail your entry to [sochopx@aol.com](mailto:sochopx@aol.com) and pay via PayPal on our website (there is a \$3 surcharge for this option).**

**Canadian Residents: Please ensure that your check indicates U.S. Dollars after the dollar amount.**

**Remember to sign the wavier below. Complete one entry form for each person on your team. Please print clearly.**

Name of Event (circle one): SNOWGAINE REGAINE ROGAINE Event Date: \_\_\_\_\_

ROGAINE Duration (circle one): 6-Hour 12-Hour 24-Hour

Class Entering (circle one): Male Female Coed Veteran (age ≥40) Super Veteran (age ≥55) Junior (age <18)

Team Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age (on Day One of the competition): \_\_\_\_\_

e-mail: \_\_\_\_\_

Partner(s) for SNOWGAINE or ROGAINE: \_\_\_\_\_

Additional Info/Requests: \_\_\_\_\_

Fees: Base Fee: \_\_\_\_\_ Late Fee: \_\_\_\_\_ PayPal Surcharge (\$3): \_\_\_\_\_ Total: \_\_\_\_\_

Check the CNYO web site (<http://cnyo.us.orienteering.org>) for up-to-date details as well as specific rules for each event. For more information, please contact the Registrar at: [sochopx@aol.com](mailto:sochopx@aol.com).

## WAIVER OF RESPONSIBILITY

**YOU WILL NOT BE PERMITTED TO TAKE PART IN THIS EVENT IF YOU DO NOT FULLY ACCEPT THE FOLLOWING CONDITIONS AND FOLLOW ALL LISTED RULES AND SIGN THIS WAIVER.**

**I, the undersigned, know that orienteering and the event I am participating in, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks, which, in combination with my actions, can cause me serious, or possibly even 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 organizers and officials of this event, Orienteering USA, Central New York Orienteering, the State of New York, the County, the US Forest Service, all other land owners or managers, or any sponsors, am responsible for my safety while I participate in this event.**

Name (Please print.): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_