



CNYO STANDARD GAINING ENTRY FORM

(Revised 05/18/2015)



Complete One Entry Form per Person

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 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. Please print clearly.

Event (Circle one.): SNOWGAINE REGAINE ROGAINE Event Date: _____

Class: Male Female Coed Youth (age <23) Veteran (age ≥40) Super Veteran (age ≥55) Ultra Veteran (age ≥65)

SportIdent # _____ ROGAINE Only (Circle desired duration.):
6-hour 12-hour 24-hour

Team Name: _____

Name: _____ Phone: _____

Address: _____ Club: _____

City: _____ State: _____ Zip Code: _____

Year of Birth: _____ Gender: _____ Age (on Day One of the Competition): _____

e-mail (Please print.): _____

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.orienteing.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.

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: _____