

Hickory Run 2018 Registration

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address (print) _____

Number of people in your group: _____ Arrival (circle one): Friday Saturday Sunday

Names of others in your group: _____

Description	DVOA Member	Non-DVOA Member	Total
Training			
Beginner	x \$7	x \$12	
Intermediate	x \$7	x \$12	
Advanced	x \$7	x \$12	
Night O Maps			
Beginner	x \$7	x \$12	
Intermediate	x \$7	x \$12	
Advanced	x \$7	x \$12	
Sunday Event Maps			
White (beginner 2 to 3 km)	x \$7	x \$12	
Yellow (advanced beginner 2.5 to 3 km)	x \$7	x \$12	
Orange (intermediate 2.5 to 4 km)	x \$7	x \$12	
Brown (advanced 3 to 5 km)	x \$7	x \$12	
Green (advanced 3.5 to 5.5 km)	x \$7	x \$12	
Red (advanced 5 to 7 km)	x \$7	x \$12	
Blue (6 to 9 km)	x \$7	x \$12	
Number of people staying in cabins	x \$4	x \$7	
Number of people taking meal plan	x \$18	x \$31	
Total (make check payable to DVOA) or			
DVOA PayPal: treasurer@dvoa.org			

WAIVER OF LIABILITY

In consideration for being permitted to participate in an orienteering event being held by the Delaware Valley Orienteering Association (DVOA) at Hickory Run State Park on September 8 and 9, 2018, I hereby agree to assume all risks, known and unknown, involved in my and/or my group's participation in the orienteering event, and to release, indemnify, and hold harmless Delaware Valley Orienteering Association, its officers, agents, volunteers and members, and owners and lessors of the premises on which the event takes place, and their officers, employees and agents, (collectively "releasees") from any and all liability for any personal injury, death, illness or property damage incurred by me or any member of my group while participating in said orienteering event, whether caused by the negligence of said releasees or otherwise.

The undersigned, if not already a member of Orienteering USA, is granted a one-time guest membership to Orienteering USA for the date(s) set forth above. Please note that this membership does not entitle you to the entire list of benefits of an annual member.

Signed: _____ Date: _____

