Waiver of Li	Waiver of Liability														
In consideration for being permitted to participate in an orienteering event being held by the Delaware Valley Orienteering Association (DVOA) at on, 20, I hereby agree to assume all risks, known and unknown, involved in my and/or my group's participation in the orienteering event,															
													rs, agents, voluntee		
													officers, employee r property damage	s and	
													r caused by the		
													ring USA, is grante	d a	
one-time guest	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.														
not entitle you t	o the en	tire li	st of be	nefits o	f an annua	l mer	mber.								
Member (circle)	· · · · · · · · · · · · · · · · · · ·												Map Fee:		
Course: W Y		Score	Sprint Oth	ner		Cell	#				Member:	\$7			
Your Name (PRINT CLEARLY)													Junior:	\$7	
Gender: M F Year of birth: OR: # of people in your group													(younger than 21		
Gender: M F		OR: # of pe	in your grou	<u> </u>					Non-member adult: \$12						
Street Address				City				,	State		Zip		Additional map for group (each)	¢Ω	
Names of others													Whistle	\$2 \$1	
in my group:													Willoud	ΨΙ	
Make				Color			License		Lic	ense			Patch	\$2	
of car				of car			state		pla	ate#					
I AGREE TO THE ABOVE WAIVER: (SIGNED)													Other		
If you would like to receive emails from DVOA about upcoming events, please print your email address here													TOTAL PAID		
Member (circle)	HVO Other:			O-USA? \	? Y N Scout Troop: _			юр:		Map Fee:					
Course: W Y	Score	Score Sprint Other				Cell#				Member:	\$7				
Course: W Y O G Br R Bl Score Sprint Other Cell #  Your Name (PRINT CLEARLY)													Junior: (younger than 21	\$7	
Gender: M F		OR: # of pe	eople	in your grou	up					Non-member adult:					
Street				City					State Zip				Additional map	*	
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Names of others													Whistle	\$1	
in my group:				l Oalar	1		Luciana		11:-		l		Datab	<u>фо</u>	
Make of car				Color of car			License state			ense ate #			Patch	\$2	
I AGREE TO THE	ABOVE V	VAIVE	R:				1	1					Other		
(SIGNED)	(SIGNED)														
If you would like to receive emails from DVOA about													TOTAL PAID		
upcoming events, please print your email address here															
Member (circle)	DVOA		QOC		Other:	_	O-USA?			out Tro	op:		Map Fee:	<b>^</b> -	
Course: W Y		Br	R BI	Score	Sprint Oth	ner		Cell	#				Member:	\$7	
Your Name (PRINT CLEARLY)													Junior: (younger than 21	\$7 )	
Gender: M F	OR: # of people in your group									Non-member adult:	\$12				
Street				City				State			Zip		Additional map		
Address													for group (each) Whistle	\$2	
	Names of others													\$1	
in my group: Make				Color	1		License		Lic	ense			Patch	\$2	
of car				of car			state			ate #			i aton	ΨΖ	
I AGREE TO THE ABOVE WAIVER: (SIGNED)											Other				
If you would like to receive emails from DVOA about												TOTAL PAID			
upcoming events,	please pri	nt your	email a	ddress he	ere										