

Bib # _____	Partner Bib # _____
Amt. Paid: \$20 \$10 Cash	Check# _____ VISA MC
Skate: A Y	Ski: M Jr. W Jr. Y

# Roll for the Waves

**In-line Skate or Roller-Ski around the Park Strip  
Saturday June 7, 2008**



<b>3:30pm</b>	<b>In-line Skate race- 4 laps</b>	
	<b>Youth Race - 2 laps</b>	
<b>4:15pm</b>	<b>Youth Roller Ski Race</b>	<b>2 laps</b>
<b>4:30pm</b>	<b>Women Team Relay</b>	<b>2x 1K x 2 laps</b>
<b>5:00pm</b>	<b>Men Team Relay</b>	<b>2x 1K x 3 laps</b>

Course: 1-kilometer loops around West End of Delaney Park Strip, Anchorage  
 Format: In-line Skate Race: Mass Start criterium  
 Roller Ski Races: Classic Team Sprint Relay – Teams of 2 (no yellow wheels)  
*(if you don't have a teammate, we'll give you one)*  
 Entry Fee: \$20 (\$10 for Youth Races--YOB 1994 & younger)  
 Registration: At information booth on Park Strip on Race Day  
 2pm-3pm for Inline Skate Race; 3pm – 4pm for Roller Ski Races

**HELMETS REQUIRED!! ELBOW & KNEE PADS REQUIRED FOR YOUTH IN-LINE SKATERS**  
 For more info contact Jane @ 334-5603 or 229-3963 or email [sauerjane@gmail.com](mailto:sauerjane@gmail.com)

*Bring this completed form and entry fee to race – make checks payable to Alaska Center for the Environment (or A.C.E.)*

Name: \_\_\_\_\_ Gender: M F Year of Birth: \_\_\_\_\_

Race: Skate -A Y Ski: M W Y Teammate (Roller Ski Race) : \_\_\_\_\_

Club/School/Other Affiliation: \_\_\_\_\_

Type of Credit Card: Visa Mastercard Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card No: \_\_\_\_\_



### WAIVER

I understand the risks and dangers inherent in in-line skating and inline skate racing and/or rollerskiing and rollerski racing. I, for myself, my heirs, representatives, and minor child: (1) accept and assume all such risks; (2) release and discharge the Alaska Center for the Environment, Alaska Winter Stars, and their respective officers, directors, owners, employees, agents, sponsors, race officials and volunteers from any and all claims based on accidents or injuries, including death, directly or indirectly connected with this activity; and (3) waive and covenant not to hold any of the above-mentioned parties responsible for any personal or property damage arising out of my, or my minor child's participation in the roller ski race. I hereby authorize emergency medical care by either our family doctor or available physician.

\_\_\_\_\_  
Signature of Racer Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian if Racer under age 18 Date: \_\_\_\_\_