

10TH ANNUAL

The 3, 6, 12 & 24 Hours of Telemark



January 9-10, 2010
the24hoursoftelemark.com



RACE CATEGORIES

VITAL INFO

- All Races Start at 10 a.m., January 9, 2010
- All teams or Solos must complete last lap after allotted time (i.e. skiers 3 hour race must finish after 3 hour time or must start another lap).
- Mandatory Meeting at 8:45 a.m. in the Theater
- Headlamps are required for night skiing
- A central waxing room will also be provided
- Skiers 17 & under—only \$30 each (by mail only)
- Skiers must know and abide by all rules which are available online and by request.
- Be prepared for all weather conditions.

24 HOUR CATEGORIES

(UP TO 4 SKIERS):

- Coed 4 (MIN. 1 WOMAN)
- Men's 4
- Older than Dirt (AVERAGE AGE 45+)
- Women's 4
- Classic 4

OTHER 24 HOUR CATEGORIES:

- Six Pack (UP TO 6 SKIERS)
- Solo Freak Male
- Solo Freak Female
- Duo Open
- "Six Chix" (6 FEMALES)

6 HOUR CATEGORIES:

- Solo Freak Male
- Solo Freak Female
- Coed Duo Mixed Discipline (1 FREESTYLE SKIER AND 1 CLASSIC SKIER)
- Duo Female
- Duo Open
- NEW! *Family 4 (UP TO 4 FAMILY MEMBERS WITH 2 ADULT MAX.)

3 HOUR CATEGORIES:

- Solo Male
- Solo Female

Fill out the registration form and mail to:

TS Events, Inc.
 P.O. Box 35
 Cable, WI 54821

IT REALLY PAYS TO SIGN UP EARLY

(POSTMARK DATE)	24 Hrs.				12 Hrs.			6 Hrs.	3 Hrs.		
Pay by:	Solo	2 skiers	4 skiers	5 skiers	6 skiers	Solo	2 skiers	4 skiers	Solo	Duo	Solo
Up to Dec. 1	\$50	\$100	\$200	\$250	\$300	\$40	\$80	\$160	\$35	\$70	\$30
Dec. 2-Jan. 5	\$75	\$150	\$300	\$375	\$450	\$55	\$110	\$220	\$50	\$100	\$45
Late/day of	\$90	\$180	\$360	\$450	\$540	\$65	\$130	\$260	\$60	\$120	\$55

*Family 4 set rate of \$90 per team no matter when you sign up!

LATE REGISTRATION AND PACKET PICKUP IS JAN. 8, 6:00-10:00 P.M. AND JAN. 9, 7:00-8:30 A.M.

PAYMENT AND ENTRY

Make checks payable to: "TS Events"

All Credit card registrations must be processed online at www.the24hoursoftelemark.com

All correspondence will be through team captain. This form MUST be submitted with the Waiver and Release of Liability Form on the reverse side. Payment In Full for the team should be sent to: TS Events, P.O. Box 35, Cable, WI 54821. All entries must be pre-paid by check or cash. **CREDIT CARD PAYMENT CAN ONLY BE DONE THROUGH THE WWW.ACTIVE.COM REGISTRATION SITE; THERE IS A LINK FROM THE 24T WEB SITE.** No faxed release forms will be accepted; we must have original signatures. **INCOMPLETE ENTRIES WILL NOT BE ACCEPTED!** Entry Fees are NON-refundable. Once your team has been accepted, you have, in essence, purchased 1, 2, 4, 5 or 6 spaces. If a team member drops-out, you may fill that slot by sending in a new release form and notifying us who is being replaced by whom.

LODGING

Telemark Resort and other Cable Area hotels have set aside rooms and condos for the 24 Hours of Telemark weekend. Reservations must be made before **December 15th** for the special rate and will require a Two-Night Minimum Stay. Rates will go up, so reserve early!



Telemark Resort and Condos:
Resort 1-877-798-4718
www.telemarkresort.com



Cable Area Chamber of Commerce:
 1-800-533-7454
www.cable4fun.com

Note: Non-hotel guests will not be allowed to loiter or "camp-out" in the lobby of Telemark Lodge.

Like Swag? (free stuff) Volunteer! If you know of someone or would like to volunteer yourself, please complete the info below and we will be in contact!

Name: _____
 Phone: _____
 Email: _____

Team Name: _____

Team Category: _____
(see category list on page 1)

SKIER 1 (Captain): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

SKIER 4: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

SKIER 2: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

SKIER 5: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

SKIER 3: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

SKIER 6: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date of Birth: /___/___/
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone no.: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

This form must be read carefully, filled out completely, and signed by each racer (no faxed or photocopied signatures will be accepted). This form can be signed and mailed, or you can sign this form at registration.

I acknowledge that this athletic event, The 3, 6, 12, & 24 Hours of Telemark (referred to as The 24 Hours of Telemark), is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the event, and/or lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/or volunteering in The 24 Hours of Telemark. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault.

I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in The 24 Hours of Telemark, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, litigation costs, and my traveling to and from The 24 Hours of Telemark, THE FOLLOWING ENTITIES OR PERSONS: TS Events, Inc., Team Sports Events, LLC., Telemark Resort, the medical service providers, the ambulance service, and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in The 24 Hours of Telemark, whether caused by the negligence of releasees or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, electronic, digital or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content (no faxed or photocopied signatures).

Captain _____ Date: _____ Skier #4 _____ Date: _____
 Skier #2 _____ Date: _____ Skier #5 _____ Date: _____
 Skier #3 _____ Date: _____ Skier #6 _____ Date: _____

NOTE: If 17 or under, Signature of Parent or Guardian Is Required Below:

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Captain's Guardian's Signature _____ Skier #4 Guardian's Signature _____
 _____ Date: _____ _____ Date: _____
 Skier #2 Guardian's Signature _____ Skier #5 Guardian's Signature _____
 _____ Date: _____ _____ Date: _____
 Skier #3 Guardian's Signature _____ Skier #6 Guardian's Signature _____
 _____ Date: _____ _____ Date: _____