

**Golden Cup/Mills Cup Level One GS Race
March 7, 2009**

Race Registration			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET	CITY	STATE	ZIP
HOME PHONE	E-MAIL ADDRESS		
			NOT REQUIRED
BIRTH DATE (MO-DAY-YR)	MALE	FEMALE	USSA NUMBER
EMERGENCY CONTACT NAME	PHONE	TEAM	

Bromley Mountain, Peru, VT

Division (circle one):	Junior	Open	Master
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Disability Classification (circle one):	LW0 – Mills Cup Racers only
B1 B2-1 B2-2 B3 LW1 LW2 LW3-1 LW3-2 LW4 LW5/7-1 LW5/7-2 LW5/7-3 LW6/8-1 LW6/8-2 LW9-1 LW9-2 LW10-1 LW10-2 LW11 LW12-1 LW12-2	

**Make checks payable to Bart Center
Mail form, fee and signed waivers to:
Bart Center, P.O. Box 2232, Manchester Ctr, VT 05255**

RACE FEE \$45.00 Includes lift ticket and awards ceremony
 \$20.00 Ski Buddy lift ticket available (limit one per racer)

Race info: 802-824-5522 ext 430
bartcenter@comcast.net



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March 7, 2009

Bromley Mountain, Peru, VT

Important Race Information

Bart J. Ruggiere Adaptive Sports Center invites all disabled skiers and riders to participate in a Level 1 race at Bromley Mountain, Vermont. Level 1 racing allows any disabled athlete interested in racing to become familiar with the sport in a fun environment. An awards ceremony will be held for all participants at the conclusion of the race.

Schedule
8:00 AM – 8:45 AM Race Registration, 3 rd floor Bromley Base Lodge
8:45 AM Coaches meeting, 3 rd floor Bromley Base Lodge
9:00 AM-9:45 AM Course Inspection, Upper East Meadow Trail
10:00 AM GS Race Start Upper East Meadow Trail
12:00 PM Lunch, location TBA
1:00 PM* (Approx.) Awards Ceremony, 3 rd floor Bromley Base Lodge

Parking: Handicapped drop-off is located in the gated area to the right of the base lodge as you enter Bromley's main entrance. Handicap parking at Bromley is located in the front right section of the main parking lot through the tunnel.

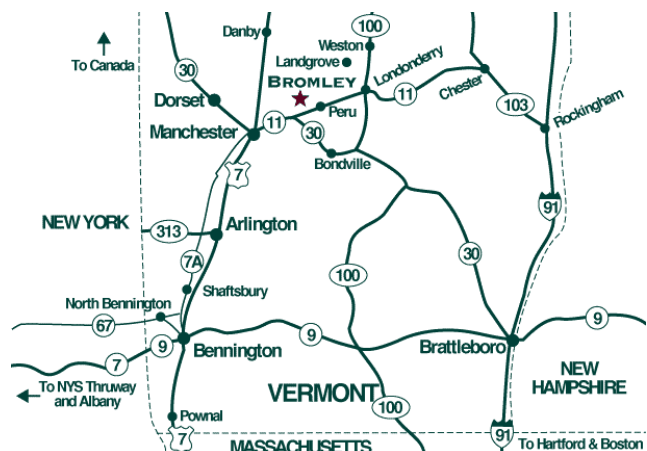
Lodging: The Chalet Motel on Rt 11/30 in Manchester, Vermont has a number of handicap equipped rooms and may be contacted at 802-362-1622. There are many other hotels and condos available in the area. A good source for area accommodation information is located at the Manchester Chamber of Commerce website at www.manchesterchamber.net. **Travel Directions**

From NYS Thruway: Take Exit 23 to I-787 to NY 7 east. Take US 279 east to Route US 7 north. Take exit 4 (Manchester) onto Route 11 east and proceed 5 miles to Bromley.

From I-91 in Vermont: Take exit 6 (Rockingham) to Route 103 west to Chester. Pick up Route 11 – west and proceed 21 miles to Bromley.

Approximate drive times:

	HOURS
Albany	1.25
Boston	3
Hartford	2.5
New York City	4



DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and Bart J. Ruggiere Adaptive Sports Center programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, and Bart J. Ruggiere Adaptive Sports Center, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian Date