

Captain's Name:					
Contact Information: E-ma	il Address:				
Street Address:		City:		Zip Code:	
Call me at: ()	Shirt Size: S M L XL				
Please read and sign the	following:				
I,	icipation in the ra injury or loss w	ace, hereby INDE hile participating	EMNIFY the or in or traveling	ganizers against to and from the	
		Signed:			
		Date:			
Class: (check one)	Kayak	Canoe	Small Raft	Large Raft	
	Crew Size	Crew Size	Crew Size	Crew Size	
Name of Vessel:					

ALL PERSONS PARTICIPATING IN THE KLAQ RIVER RAFT RACE 2013 WILL BE DOING SO AT THEIR OWN RISK.

DISCLAIMER:

RACE ORGANIZERS WILL NOT BE HELD RESPONSIBLE FOR ANY DIRECT OR INDIRECT HARM, INJURY OR LOSS TO ANY PERSON, DURING THE ACTUAL RIVER RAFT RACE.

Participant Information:

Full Name:	Age*:
E-mail Address:	
Shirt Size: S M L XL	
*Legal Guardian signature if under 18 years of age:	
Full Name:	Age*:
E-mail Address:	
Shirt Size: S M L XL	
*Legal Guardian signature if under 18 years of age:	
Full Name:	Age*:
E-mail Address:	
Shirt Size: S M L XL	
*Legal Guardian signature if under 18 years of age:	
Full Name:	Age*:
E-mail Address:	
Shirt Size: S M L XL	
*Legal Guardian signature if under 18 years of age:	
Full Name:	Age*:
E-mail Address:	
Shirt Size: S M L XL	
*Legal Guardian signature if under 18 years of age:	
Full Name:	Δαρ*·
E-mail Address:	

Shirt Size: S M L XL

*One page filled out per participant.

Release and Hold Harmless Agreement for Adults (18-years+)

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ns or negligence, but also from the nt or activity is being conducted, a d discuss the risks associated wit	e actions, inactions, ond/or the rules of play	r negligence of of this type of
	•	
dia, LLC and the officers, directors	s, employees and age	- ·
e I am financially responsible for	any losses resulting fr	om my actions
ising out of my participation in the	ne activity and hereb	y release, hold
al recourse against 95.5 KLAQ FI given up in return for allowing	M, Townsquare Media my participation in th	a, LLC and the e activity. My
Participant's signature		date
Participant's Name (print)	(Area co	ode) Phone number
Address	City/Chata	7:0
WITNESS (must be at I	•	Zip
	derstand my participation may in ms or negligence, but also from the not or activity is being conducted, and discuss the risks associated with activity begins. Ild prevent participation in this act activity begins. Ild prevent participation in this act activity begins. I consent a coverage of me may be taken in dia, LLC and the officers, directors eos, or other media coverage for a activity, I hereby voluntarily and we I am financially responsible for a ers, directors, employees and agent in the officers, directors, employees and agent in the officers, directors, employees are terms used in it and their legal state of the terms used in it and their legal state terms use	derstand my participation may involve risk of serious in so r negligence, but also from the actions, inactions, on the oractivity is being conducted, and/or the rules of play in discuss the risks associated with my participation we activity begins. Id prevent participation in this activity. Furthermore, I a acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs. I consent to emergency medical acident or injury occurs.