



KLAQ GREAT RIVER RAFT RACE | JULY 13th, 2014

Captain's Name: _____

Contact Information: E-mail Address: _____

Street Address: _____ City: _____ Zip Code: _____

Call me at: () _____ Shirt Size: S M L XL

Please read and sign the following:

I, _____, the Captain, with the consent of and on behalf of the participants on my raft / vessel, support crew and other entrants, spectators or visitors associated with our participation in the race, hereby INDEMNIFY the organizers against all claims arising out of injury or loss while participating in or traveling to and from the race. I hereby accept and agree to abide by the rules & regulations attached.

Signed: _____

Date: _____

Class: (check one)

☐

Kayak

Crew Size

☐

Canoe

Crew Size

☐

Small
Raft

Crew Size

☐

Large
Raft

Crew Size

Name of Vessel: _____

**ALL PERSONS PARTICIPATING IN THE KLAQ RIVER RAFT RACE 2014
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: _____ Age*: _____

E-mail Address: _____

Shirt Size: S M L XL

***One page filled out per participant.**

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

I, the undersigned participant, request voluntary participation for myself to participate in the **GREAT RIVER RAFT RACE** activity on **JULY 13, 2014**, which begins at **9:00 AM** (time) and ends at **5:00 PM** (time) sponsored by **95.5 KLAQ FM, Townsquare Live Events LLC.**, all of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from **95.5 KLAQ FM, Townsquare Media, LLC** and the officers, directors, employees and agents of either of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify **95.5 KLAQ FM, Townsquare Media, LLC** and the officers, directors, employees and agents of either of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against **95.5 KLAQ FM, Townsquare Media, LLC** and the officers, directors, employees and agents of either of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge **95.5 KLAQ FM, Townsquare Media, LLC** and the officers, directors, employees and agents of either of them from all liability in connection therewith.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against **95.5 KLAQ FM, Townsquare Media, LLC** and the officers, directors, employees and agents of either of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print)

(Area code) Phone number

Relationship to the participant

List medical/prescription information below:

AGE: _____

Participant's signature / or Guardian if under 18

Date

Participant's Name (print)

(Area code) Phone number

Address

City/State

Zip

WITNESS (must be at least 18 years old)

Signature

date