

Arcadia Floatilla - Entry Form

10:00 a.m., Saturday August 9, 2014

One Canoe or Kayak per entry form. Choose one:				Total
Choose one:	DUE by Aug 2	After Aug 2	Day of Event	
<input type="checkbox"/> 1 Person Canoe/ Kayak/ Paddle Board	\$10	\$15	\$15	\$ _____
<input type="checkbox"/> 2 Person Canoe/ Kayak complete paddler #2 information on page 2	\$17	\$22	\$22	\$ _____
<input type="checkbox"/> 3 Person Canoe complete #2 and #3 paddler information on pg. 2	\$20	\$27	\$27	\$ _____

Paddler #1 - Must wear a floatation device AND be at least 12 years of age			
First Name:		Last Name:	
Street Address:			
City/ Town:		State:	Zip:
Phone:		Email:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact			
Name:		Phone:	

**Release & Waiver of Liability, Assumption of Risk Agreement, Photo Release
for Arcadia Floatilla, a Arcadia Area Historical Society Event, taking place August 9, 2014**

In registering myself and/or other participants in Arcadia Floatilla, I understand and agree to absolve all governments, sponsors, organizers, and supporters, be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm, loss or inconveniences suffered as a result of taking part in this event or any activities associated with the event. I have reviewed all safety rules posted for the event and agree to abide by them. I understand that participants in individual boats must be at least 12 years or older, that all participants under 12 years of age must be accompanied by an adult and that all participants must wear a Coast Guard approved personal flotation device. I acknowledge that my photograph may be used as a result of my involvement in this event.

Signed: _____ Printed name _____
(Participant or Parent/ Guardian if participant is under 18 years of age)

Checks Payable to: Arcadia Area Historical Society Mail to: Arcadia Floatilla c/o B. Scott PO Box 312 Arcadia, MI 49613	Subtotal from above	\$ _____
	Total Enclosed	\$ _____

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Paddler #2 - For 2 person Canoe or Kayak - Must wear a floatation device. Under 12 must accompanied by an adult		
First Name:	Last Name:	
Street Address:		
City/ Town:	State:	Zip:
Phone:	Email:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact		
Name:		Phone:

I have read the Waiver and Release of Liability on page one of this entry form and accept its terms.

Signed: _____ Printed name _____
(Participant or Parent/ Guardian if participant is under 18 years of age)

Paddler #3 - For 3 person Canoe or Kayak - Must wear a floatation device. Under 12 must accompanied by an adult		
First Name:	Last Name:	
Street Address:		
City/ Town:	State:	Zip:
Phone:	Email:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact		
Name:		Phone:

I have read the Waiver and Release of Liability on page one of this entry form and accept its terms.

Signed: _____ Printed name _____
(Participant or Parent/ Guardian if participant is under 18 years of age)