

# DAN RIVER BOAT RACE REGISTRATION FORM- 8/6/16

\* EACH PERSON ENTERING RACE MUST COMPLETE REGISTRATION FORM AND SIGN WAIVER  
 \* IF YOU ARE RACING WITH A PARTNER PLEASE MARK APPROPRIATE CATEGORY

**\* PARTICIPANTS USING IMPROPER EQUIPMENT (PADDLES)  
 WILL BE DISQUALIFIED FROM RACE.**

**Entry #** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (home) \_\_\_\_\_  
 Racing Partner's Name \_\_\_\_\_ Phone (work) \_\_\_\_\_

**CATEGORY**

Women  
 Men  
 Mixed  
 Family: Adult and Child  
 12 & Under

**AGE BRACKETS**

16 & Under  
 17 - 39  
 40 - 59  
 60 & Over

**T-SHIRT**

Youth Large  
 Adults  S  M  L  
 XL  2XL

**PLEASE COMPLETE:**

I have canoed on a river  
 never  
 less than 3 times  
 4 times or more

**DIVISION**

Solo Canoe  
 Tandem Canoe  
 Kayak  
 Tandem Kayak

**BOAT RENTALS:** *On-site  
 (a limited number) To reserve  
 a canoe or for more informa-  
 tion call 336.548.9572 or email  
 an@mmrecdepartment.org*

**Registration Fee (please select)**

\$25 Pre-registration  
 \$30 On Site Registration  
 \$5 Each Additional Event (max of 2)  
 \_\_\_\_\_ Total Due

**Please complete below the category that describes your boat type:**

**KAYAK**

Whitewater  
 Touring  
 Sit On Top  
 Racing

**CANOE**

Racing  
 Recreational

**STAND-UP**

Paddle Board

\* Minimum age 6 years  
 \* 12 years or younger must be accompanied by an experienced adult.  
 \* All participants must wear life jackets.  
 \* All children must wear properly fitted life vests.

Make check payable to: **MADISON-MAYODAN RECREATION DEPARTMENT.** Mail to: P.O. Box 206, Mayodan, NC 27027.  
 Questions: 336.548.9572 or email [Lauren Motsinger at laurenmotsinger@gmail.com](mailto:LaurenMotsinger@laurenmotsinger@gmail.com)

In consideration of acceptance of this application to participate in the Dan River Boat Race, I hereby for myself, my heirs, executors, administrators, and assigns, do hereby release and discharge the Madison-Mayodan Recreation Commission, The Town of Madison, and The Town of Mayodan, and any other agents, servants or employees, all spouses, officials and all actions, or causes of actions on account of damage to property, bodily injuries, or death which may result from my or my child's participation therein.

I agree to follow basic water safety rules, and I hereby assume complete responsibility to provide and utilize proper flotation devices and safety equipment for myself and/or my child and so hereby certify that I and/or my child are in proper physical condition to participate in the race.

PARTICIPATE SIGNATURE (18+) \_\_\_\_\_

MINOR (under 18 years) \_\_\_\_\_ AGE OF MINOR \_\_\_\_\_

FATHER/MOTHER/GUARDIAN OF MINOR SIGNATURE \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_