



Kayak *for* Cancer

REGISTRATION FORM

Saturday, October 8, 2016 | Atwood Lake Park

Check-in begins at 9am

Yoga on the beach 9:30am | Kayak Basics 10am | Guided paddle from 10:30am-12pm

Join MWCD for a benefit paddle and yoga in honor of breast cancer awareness month! All proceeds will be donated to Union Hospital's Breast Imaging Center. Paid boating participants will receive a t-shirt and can choose to join in the group paddle or explore the lake at their leisure.

Be Yoga Studios will lead the morning yoga session. Bring your own mat or towel. All skill levels welcome. \$5 donation per person. (Yoga is open to all, regardless of participation in the boating event.)

Registrations will be accepted the day of the event. Cash, check or money orders only.

CANOE & KAYAK EVENT REGISTRATION FEE - \$10 BYO boat (includes t-shirt)

Need a boat? \$25 per solo or \$40 per tandem boat (includes t-shirt, boat, paddle and life jacket)
(canoes, kayaks and stand-up paddleboards are welcome)

Paddler one:

Name: _____

Address: _____

E-mail: _____

Age: _____ Phone: _____

Paddler two: (if paddling tandem)

Name: _____

Address: _____

E-mail: _____

Age: _____ Phone: _____

Boat size: _____ Circle one: KAYAK CANOE SUP

I need to rent a boat: yes no

Advance registration required for kayak rental. Available on first come, first served basis.

- SOLO AGES 12 & OLDER, YOUNGER THAN 12 WITH AN ADULT
- MUST ADHERE TO INDIVIDUAL BOAT CAPACITY
- Equipment drop off available at the beach parking lot
- The event begins at Atwood Lake swimming beach
- Parking is available at the beach parking lot or activity center
- Life jackets must be worn at all times
- Personal equipment may be subject to inspection
- In the event of bad weather, high water, etc., MWCD reserves the right to cancel, postpone or alter the event for the safety of all paddlers
- Air and water temperatures may be cool, prepare by wearing layers and avoid cotton clothing

All canoes and kayaks must be properly registered

Mail form with check payable to MWCF to Kara Musser at PO Box 349 New Phila., OH 44663

I am aware of my condition or the condition of my child/ward and certify that I or my minor child/ward may participate in activities that may be of strenuous and/or physical activity. I recognize that there are risks associated with participation, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, drowning or collision with another craft, person or object. I waive all claims that myself or my child/ward might have based on any of those and other risks typical in this type of event. As part of the consideration tendered for myself or my child/ward, not having attained the age of 18, being permitted to participate in Muskingum Watershed Conservancy District programs, I agree for and on behalf of myself and my child/ward to, and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Muskingum Watershed Conservancy District, its officers, employees, agents, volunteers, independent contractors, and sponsors from any and all claims related to illness, injury, including loss of life, property damage, or loss of any description which I or my child/ward may sustain arising out of, or in any way associated with my child/ward's participation in Muskingum Watershed Conservancy District's programs.

*I hereby authorize the Muskingum Watershed Conservancy District to publish in print, electronic, or video format, the likeness or image of myself or my child/ward without limitation. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material. **If the participant is under 18 years of age, a parent or legal guardian must sign.***

Participant Name(s)	Signature (parent or guardian, if under 18)	Photo Release	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are there anything that we should know? (illnesses, allergies, medications, physical conditions, etc.) Yes No

If yes, please indicate participant and explain. _____

*if special accommodations are required, please contact Kara at 330.343.6647 x2614