



**Registration Form**

**Flow the St. Joe • Saturday, August 5, 2017**

One participant per registration form. No Exceptions. Please complete legibly. PRINT all information except signature.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (cell if taking to event) \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

**Entry fee is \$25 per adult (18 and older) and \$10 per child. Fee is non-refundable. No rain date. Use page 2 if minor is participating.**

**CONSENT AND LIABILITY RELEASE**

**PLEASE READ CAREFULLY BEFORE SIGNING. REGISTRATION NOT COMPLETE WITHOUT SIGNATURES BELOW.**

Organization Name: St. Joseph River Watershed Initiative Partnership and the City of Fort Wayne

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned acknowledge, appreciate and agree that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. I know that boating is a potentially hazardous activity, and that I should not join and canoe/kayak unless I am medically able to do so. I assume all risks including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity, conditions of the river, all such risks being known and appreciated by me.
- 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the City of Fort Wayne or the St. Joseph River Watershed initiative or others and assume full responsibility for my participation.
- 3. I willingly agree to comply with the terms and conditions for participation. If I observe any unusually significant hazard during my participation and in my presence, I will safely remove myself from participation and bring attention of the hazard to the nearest official immediately.
- 4. I, for myself and on behalf of my heirs, personal, representatives and next of kin hereby release, indemnify and hold harmless the City of Fort Wayne and the St. Joseph River Watershed Initiative Partnership, its officers, officials, agents, employees, other participants, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event from any and all claims, demands, losses and liability arising out of or related to any injury, disability or loss of life that occurs, or loss or damage to person or property, whether arising from the negligence of the City of Fort Wayne or St. Joseph River Watershed Initiative Partnership or otherwise as allowed by law.
- 5. I further grant permission to St. Joseph River Watershed Initiative Partnership and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.
- 6. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand its terms. I understand that I have given up substantial rights by signing this agreement and sign it freely and voluntarily without any inducement or coercion.

Participant name: \_\_\_\_\_  
(Please print full name)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail form and entry fee check made payable to SJRWI to:  
SJRWI Canoe Event, 200 E. Berry Street, Suite 270, Fort Wayne, Indiana 46802**

**For Parents or Guardians of Participant of Minor Age  
Under 18 at time of Registration**

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to this release as provided above, and for myself, my heirs and next of kin, I release and agree to indemnify and hold harmless the St. Joseph River Watershed Initiative Partnership and the City of Fort Wayne from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the St. Joseph River Watershed Initiative or the City of Fort Wayne, as permitted by law.

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print full name)

(Print name of parent/guardian and include signature if participant is less than 18 years of age.)

Name of parent/guardian: \_\_\_\_\_  
(Please print)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_