

# Altamaha River Run Registration

Saturday, April 10, 2010

Pre-Registration fee is \$15 for each paddler over the age of 10. \$20 day of event. Paddlers under 18 must have a signed registration form from a parent or legal guardian. Paddlers assume all risks and responsibilities for participation in this event and hold harmless all event sponsors.

A registration form is required for each canoe or kayak including minors accompanying participants. Please indicate # of people in a canoe (2 adults & 1 child maximum capacity), and # of canoes that will be used. Indicate if kayak is single or double. Also, please indicate take out point.

Mail registration and check to Wayne County Board of Tourism, PO Box 253, Jesup, GA 31598 or register online at Active.com. For more information call (912) 427-3233 or visit the paddle page on our web site at [www.waynetourism.com](http://www.waynetourism.com).

Check one:

\_\_\_\_ 8 mile paddle – take out at Williamsburg Landing      \_\_\_\_ 16 mile paddle - take out at Altamaha Park

Paddling in:    \_\_\_\_ Canoe    \_\_\_\_ Kayak ( single or double )

Participant 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ email: \_\_\_\_\_

Participant 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ email: \_\_\_\_\_

Canoe Participant 3 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ email: \_\_\_\_\_

Consent for Under 18 participant:

I give \_\_\_\_\_ for whom I am legally responsible permission to participate in the Altamaha River Run Canoe and Kayak Excursion sponsored by the Wayne County Board of Tourism with assistance from the Georgia Department of Natural Resources and the Wayne County Rescue Squad. I, as a participant or as a parent/guardian of a participant, agree to hold harmless all representatives of the previously named sponsors in regard to accident or injury incurred during this excursion. I grant permission for treatment by trained medical personnel to be rendered and agree to be responsible for all expenses incurred in the course of such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_