

DON'T FORGET TO SIGN THE WAIVER ON THE OTHER SIDE



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RACE HOTLINE
847-604-2445
 FOR MORE DETAILS GO TO
CANOEMARATHON.COM



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CHECK YOUR CORRECT CLASS

Entries that fail to designate a class will be placed in "No Contest"
 If you need assistance with class selection, see facing page or call the hot line (847) 604-2445

JUNIOR CLASSES (Aluminum/ Touring/ Comp Cruiser)

1. C2 Junior Men, Women or Mixed Couple

ADULT/YOUTH CLASSES

2. C2 Adult/Youth Aluminum

3. C2 Adult/Youth Touring

WOMEN CANOE CLASSES

4. C2 Women Aluminum/Touring

5. C2 Women Competition

MEN CANOE CLASSES

6. C2 Men Aluminum

7. C2 Men Touring

8. C2 Men Competition

MIXED CANOE CLASSES

9. C2 Mixed Couple Aluminum

10. C2 Mixed Couple Touring

11. C2 Mixed Couple Competition

ADDITIONAL CANOE CLASSES

12. C2 Masters (over 40) Aluminum or Touring

13. C2 Masters (over 40) Competition

14. C1 Single Paddler (No Olympic Specs)

KAYAK CLASSES

15. K1 Recreational Kayak

16. K1 Man Sea Kayak

17. K1 Woman Sea Kayak

18. K1 Competition

19. K1 Unlimited Kayak

20. K2 Unlimited Kayak

OTHER CLASSES

21. Open

22. No Contest



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ONLINE REGISTRATION FORM

Register and place T-shirt orders by web: www.signmeup.com/canoemarathon
 Questions: Marathon hotline: 847-604-2445 or email info@canoemarathon.com

POSTAL REGISTRATION FORM

Complete registration form and waiver of liability.

DO NOT SEPARATE ENTRY FORM FROM WAIVER - PLEASE WRITE LEGIBLY

Mail completed entry form and signed waiver, along with check or money order payable to:
 Des Plaines River Association, PO Box 61, Lemont, IL 60439

You must fill out a 2nd registration form and waiver if you have more than 2 people per boat.
 Payment is required for each person in the boat. Submit a separate entry form for each boat.

PADDLER # 1 (Person who receives packet with boat number)

NAME _____ AGE* _____ M / F
 SEX _____

STREET ADDRESS (include St, Ln, Ave, Ct, etc.) _____ CITY _____

STATE _____ ZIP (include last 4 digits) _____ PHONE (include area code) _____

E-MAIL ADDRESS _____

*Age as of race date EXCEPT for Youth or Junior paddlers where age is as of December 31, 2009.

PADDLER # 2

NAME _____ AGE* _____ M / F
 SEX _____

STREET ADDRESS (include St, Ln, Ave, Ct, etc.) _____ CITY _____

STATE _____ ZIP (include last 4 digits) _____ PHONE (include area code) _____

E-MAIL ADDRESS _____

*Age as of race date EXCEPT for Youth or Junior paddlers where age is as of December 31, 2009.

REGISTRANT PAYMENT

T-SHIRTS: sizes: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ Qty: _____ \$ _____
 (Add \$5.00 each with pre-registration)

PRE-REGISTRANT PAYMENT at \$22.00 per boat occupant: Qty: _____ \$ _____
 Race Day Registrations are \$30.00.

Optional UDPREP* direct contribution (recommend \$3 per paddler) Qty: _____ \$ _____

*See note "Upper Des Plaines River Ecosystem Partnership" on the Welcome Page of this brochure

TOTALS
 TOTAL ENCLOSED: \$ _____



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WAIVER & RELEASE OF LIABILITY FORM

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Des Plaines River Canoe & Kayak Marathon, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the DES PLAINES RIVER ASSOCIATION, UNITED STATES CANOE ASSOCIATION, COOK and LAKE COUNTY FOREST PRESERVE DISTRICTS, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that:

I, as parent/guardian of _____, participant #1, with legal responsibility for this participant, and that:
I, as parent/guardian of _____, participant #2, with legal responsibility for this participant, do by signature below consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PRINTED NAME OF PADDLER #1

SIGNATURE

DATE

PARENT or GUARDIAN SIGNATURE
(for entrants under 18)



PRINTED NAME OF PADDLER #2

SIGNATURE

DATE

PARENT or GUARDIAN SIGNATURE
(for entrants under 18)