

# 2018 Cardboard Boat Race Registration

## Team Member 1

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Hannibal Aquatic Center Cardboard Boat Race Release-Waiver:**

By signing this form below, I am acknowledging that my participation in the Hannibal Aquatic Center Cardboard Boat Races is voluntary. I am aware, and by signing this document, acknowledge that I have been advised that this is a physical activity. I acknowledge that there may be hazards to my participation in the Hannibal Aquatic Center Cardboard Boat Races including, but not limited to, physical activity, injuries caused by game situations, and the acts of other participants. I hereby release and hold the City of Hannibal, its agents, employees and representatives harmless from any and all injuries, damages, losses, claims and demands that may arise or result from my participation in the Hannibal Aquatic Center Cardboard Boat Races. Also, I do further waive and release the City of Hannibal from any and all claims for injuries or damages of any kind and nature, which may arise or result from my participation in the Hannibal Aquatic Center Cardboard Boat Races. I understand and acknowledge the City of Hannibal will not be financially or legally responsible for any accident or injury that might occur or result. By signing this document, I am waiving all rights and/or causes of action which I have, or which may arise, or those claiming through me may have, as a result of my participation in Hannibal Aquatic Center Cardboard Boat Races. Furthermore, the City of Hannibal shall not be responsible for lost, stolen, or damaged property. By signing below, I acknowledge that I have read this Release-Waiver, I understand the same and my signature is knowingly and voluntarily made, and that I am over the age of eighteen (18) years of age.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**If under age 18, parent/guardian signature:** \_\_\_\_\_

### **PHOTOGRAPHY AND VIDEOGRAPHY NOTICE**

This activity may be electronically recorded and portions used for future marketing/publicity purposes. I give Hannibal Parks & Recreation permission to use photo and/or video from the classes for marketing, social media, and training purposes.

**Initial here:** \_\_\_\_\_

**Team Member 2**

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

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