

Altamaha River Run Registration

Saturday, April 23, 2016

8:30 a.m.

Pre-Registration fee is \$20 for each paddler over the age of 10, \$25 day of event. All participants under 10 paddle free. 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, 176 NW Broad Street, Jesup GA 31545. For more information call (912) 427-3233 or visit the paddle page on our web site at www.waynetourism.com. If registering the morning of the event, please bring correct change.

Check one:

- 11 mile paddle – take out at Pig Farm Landing
 16 mile paddle - take out at Jaycee Landing

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: _____

Participant's Waiver:

I, as a participant or as a parent/guardian of a participant, agree to hold harmless all representatives of the Wayne County Board of Tourism with assistance from the Georgia Department of Natural Resources and the Wayne County Rescue Squad. 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.

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 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 _____