



Registration

Single Tandem Long Course Short Course

Name: _____

Address: _____

E-Mail: _____

Name: _____

Address: _____

E-Mail: _____

Age: ____ Male Female

Age: ____ Male Female

Pre-registration Entry Fee: \$20.00 Day of Race Entry Fee: \$25.00

I have read, understand, and accept Mir Pace International's Release and Waiver of Liability as set forth below.

Signature

Mail this form with payment (check payable to Mir Pace International) to:

Paddle for Poverty

Mir Pace International
1173 Nantasket Avenue, C-6
Hull, MA 02045

Amount Enclosed: _____

Release and Waiver of Liability Please read carefully before signing. This is a Release of Liability and Waiver of certain legal rights. I agree and understand that kayaking is a hazardous activity (hereinafter "Activity"). Further, I recognize that there are risks, including, but not limited to changing weather conditions, changing water conditions, hidden and underwater obstacles, changing and unpredictable currents, drowning, exposure and overturning. I recognize that injuries are a common and ordinary occurrence of the Activity. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in Mir Pace International's Paddle For Poverty. Nonetheless, I voluntarily elect to participate in the aforementioned Activity. I hereby assume all risks which may be associated with and/or result from my involvement in such Activity and hereby hold harmless, release, indemnify and defend and covenant not to sue Mir Pace International, Steamboat Wharf Marina, Inc, the Town of Hull, and/or all Sponsors, (hereinafter "MPI") their respective officers, directors, agents, servants, volunteers and employees, of and from any liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me while participating in the Activity, including, but not limited to, those injuries and damages caused in whole or in part by the negligence and/or breach of warranty, express or implied, on the part of MPI. I understand that in the event of a serious medical emergency, treatment may be several hours away. I authorize MPI and/or its authorized personnel to call for medical care for me, if, in the opinion of such personnel, medical attention is needed for me. Further, I agree to pay all costs associated with such medical care and shall indemnify and hold harmless MPI of and from any costs incurred therein. I agree that any and all disputes between MPI and me arising from my participation in the Activity and including any claims for personal injury and/or death will be governed by the laws of the Commonwealth of Massachusetts and exclusive jurisdiction thereof will be in the state court residing in the county where the alleged tort occurred or the federal courts of the Commonwealth of Massachusetts. This Release shall be binding upon my assignees, subrogors, distributees, heirs, next-of-kin, executors, personal representatives and administrators and may be plead by MPI as a complete bar and defense against any claim, demand, action or causes of action by me or on my behalf.