

# 2008 GRAFTON DOWNRIVER CANOE RUN SPONSORED BY THE GRAFTON AREA JAYCEES

## ENTRY FORM/MEDICAL WAIVER

To enter, please complete the information requested below and return with your entry fee of \$20 per person to Grafton Area Jaycees, P.O. Box 285, Grafton, WI 53024. Please make checks payable to Grafton Area Jaycees. All advance registrations must be returned by April 14, 2008. Walk-in registrations are accepted until 9 a.m. on the day of the race of April 27, 2008 along with an entry fee of \$30 per person. **No one will be allowed to participate without a signed entry form/medical waiver. Each participant must file an entry form.**

**PLEASE WRITE CLEARLY!!!!**

### Entrant 1

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

### Entrant 2

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

Division (Circle one)

**KAYAK** MEN'S SOLO MEN'S TANDEM WOMEN'S SOLO WOMEN'S TANDEM CO-ED  
**CANOE** MEN'S SOLO MEN'S TANDEM WOMEN'S SOLO WOMEN'S TANDEM CO-ED

All participants will receive an event T-shirt. Awards will be presented to the top three finishers in each division (min. 5 entrants in division by April 17th).

## WAIVER

The Grafton Area Jaycees do not provide medical or hospital coverage for persons participating in Jaycee sponsored activities and events. Therefore, each participating person must assume their own medical and hospital coverage, along with payment of medical and hospital bills the participant may incur while participating in a Jaycee sponsored event or program.

I/We, the undersigned, have read and understand fully the above statement, and hereby hold the Grafton Area Jaycees and its affiliates harmless in the event of any injury to me during this or any event sponsored by the Jaycees.

### Entrant 1

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian (for minors only)

Emergency Contact:

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Entrant 2

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian (for minors only)

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_