

HUDSON CROSSING PARK

CARDBOARD BOAT RACES

Boat # _____

AT REGISTRATION STATION #3

ONE FORM MUST BE COMPLETED FOR EACH SAILOR

Please PRINT clearly

NAME OF SAILOR: _____

ADDRESS: _____

E-MAIL OR TELEPHONE: _____

RELEASE OF LIABILITY

Participants or participant's parent(s) or guardian(s) *over age 18*, acknowledge, understand and assume the risks, if any, arising from racing cardboard and/or recycled boats; construction of cardboard and/or recycled boats, and agree to waive any cause of action (including cause of action based on negligence of others) against Hudson Crossing Park, Inc., Schuylerville Area Chamber of Commerce, Volunteers, Board Members, and/or Promoters, Judges, or Officials of the Cardboard Boat Races.

Signature _____
Participant _____ *Parent* _____ *Guardian* _____

Date: _____

PHOTO RELEASE

I consent to the unrestricted use of my image, in connection with any promotion of the Cardboard Boat Races or Hudson Crossing Park, Inc. including, but not limited to, any photographs, audio or visual recordings, interviews, videotape, motion pictures, or the use of my name in connection with television, radio, or print media.

Signature _____
Participant _____ *Parent* _____ *Guardian* _____

Date: _____

Thank you for helping to grow the Park!