



City of Wilton Manors ♦ Leisure Services Department  
 2020 Wilton Drive, Wilton Manors, FL 33305  
 954-390-2130 ♦ Fax 954-390-2138  
 WiltonManors.com/parks

Certified Community  
 Wildlife Habitat



## Wilton Manors Leisure Services Department

### 27<sup>th</sup> Annual Island City Canoe Race

### Registration Form

(Must be completed by each participant, completely)

### Celebrating the City's 71<sup>st</sup> Birthday

(10 completed team member forms along with the race roster MUST be completed and submitted with the fee to be eligible for this event. Deadline for submittal is **Monday, May 1st, 2018**)

**Please print clearly:**

Team Name: \_\_\_\_\_ Team Category: Men's – Women's - CoEd

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I can swim \_\_\_\_\_ (please initial)                      Male or Female (circle one)

#### Liability Release

In consideration of the privilege of being allowed to take part in the City of Wilton Manors' "City's" Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and/or behalf of my minor child named above do hereby agree to indemnify and hold harmless the City of Wilton Manors, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action of whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys' fees arising out of, occurring during or relating to the use of the equipment, facilities, motor vehicles of participation in City's Program. I further acknowledge and authorize the photographs and videotapes of my minor child to promote or publicize the City's Programs. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to myself or damage to my property.

Signature of Participant or Guardian \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ (Print Name)