

Spike's Challenge Race

C-1 Entry Form

Race Coordinators, John & Cheryl Lucey 3979 E Beaver Island Rd, Grayling MI, 49738 (989) 390-4101

johnlucey@ymail.com e-mail

Amount Paid	
Canoe #	
Entry #	
For Committee Use Only	

AuSable River, Grayling, Michigan

July 17th, 2021

C-1 Purse \$1200 Saturday, July 17th, 2021 6:00 PM (Joe Wakeley's) Awards At City Park Sunday July 18th, 2021 1:30 PM

		Contestant			
	Printed Name				
	Street Address				
	City State & Zip				
	Date of Birth/	/	Age		
	Male Female	>	Shirt Size S M L XL XXL		
	MCRA Canoe # C-1				
☐ C-1 Race	Barton Cup Qualifier \$5 Grand Vetran (70 years +)) \$5 check the appropriate bo	oxes above.		
Early ent	tries are very much apprec and allows the race or	ciated. It helps us to parganizers to stuff prize	er Island Rd, Grayling, May some of the expenses prior to envelopes prior to race day.	to the event	
Challenge Race, Sorganization are a	Spike's Keg 'O' Nails, and any landowner ssuming no responsibility to the undersig and agreement to abide by the safety rules	s on or bordering the AuSable River ned. The undersigned hereby ackno	I.C.R.A., the officials and committee members or, both individually and severally and acknowled wledges the inherent danger in all water sports and A.C.A. Any disputes will be finalized by the	dges that the above and attest to his/hers	
Ву	Date	By	Date		
Parent/Guardian_	Date	Parent/Guardian	Date		

Awards Ceremony and lunch will occur at City Park, following the C-2 race on Sunday.

Please support Spike's KEG 'O' NAILS, your Spike's Challenge Race Sponsor.



SPIKE'S CHALLENGE July 17-18th, 2021

AMATEUR ATHLETIC RELEASE OF LIABILITY WAIVER

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury or illness from participating in the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury or illness does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation.

If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PADDLESPORT RISK MANAGEMENT, LLC; MICHIGAN CANOE RACING ASSOCIATION, JOHN & CHERYL LUCEY; JOE WAKELEY; OLD AUSABLE FLY SHOP; SPIKES RESTAURANT; CITY OF GRAYLING their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEE'S"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S OR OTHERWISE.

I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of these activities, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE COMPLETE ALL SECTIONS

Address:

(Participant Name: PLEASE PRINT)		
Email Address:	Emergency Contact Name:	
Phone:	Phone:	
Signature:	Date:	
FOR PARTICIPANTS OF MINOR AGE (UNDER AGE	E 18 AT THE TIME OF REGISTRATION)	
release as provided above, of all the Releasee's, and, for indemnify and hold harmless the Releasee's from any and a	al responsibility for this participant, do consent and agree to his/her myself, my heirs, assigns, and next of kin, I release and agree to ll liabilities incidental to my minor child's involvement or participation OM THE NEGLIGENCE OF THE RELEASEE'S, to the fullest extent deo release set forth above.	
Parent/Legal Guardian Name & Address: (PLEASE PRINT) Minor DOB:	
Address:	Emergency Contact #	
Signature of Parent/Legal Guardian:	Date:	