Please take a moment to review the following information.

All Nations is a grassroots organization. You are required to hold your own insurance and to self-assess to ensure you are able to learn, or already possess, the necessary skills and competencies to safely participate and you have the confidence and physical ability required.

- ❑ I agree to the rules set by All Nations Paddles Up
- ❑ I agree to assume responsibility for my activities as a participant
- ❑ I have no claim against All Nations Paddles Up, the organizing committee, or safety boat captain or crew, for injury or lost/stolen property
- ❑ My participation is voluntary
- ❑ I understand this is a drug, alcohol, and violence free event and violation of this rule may prevent me from participating

Signed Please print name:	Dated

If you are signing on behalf of a minor or someone in your custody, please indicate here:

Signed Please print participant's name:	Dated
Signed Please print participant's name:	Dated
Signed Please print participant's name:	Dated

EMERGENCY CONTACT FORM

Complete and submitted prior to departure:
allnationspaddlesup@gmail.com

PARTICIPANT INFO

PARTICIPANT'S FIRST NAME: _____ PARTICIPANT'S LAST NAME: _____

PARTICIPANT'S DATE OF BIRTH: _____

PARTICIPANT'S HOME ADDRESS: _____. CITY: _____

PARTICIPANT'S TELEPHONE: _____. EMAIL: _____

KNOWN MEDICAL CONDITIONS: _____

KNOWN ALLERGIES: _____

NAME OF ANY MINOR(S) ACCOMPANYING YOU

NAME: _____. AGE: _____ RELATIONSHIP: _____

NAME: _____. AGE: _____ RELATIONSHIP: _____

NAME: _____. AGE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFO

PARTICIPANT'S EMERGENCY CONTACT: _____. RELATIONSHIP: _____

EMERGENCY CONTACT TELEPHONE: _____. ALTERNATIVE TELEPHONE: _____

ALTERNATIVE CONTACT

PARTICIPANT'S EMERGENCY CONTACT: _____. RELATIONSHIP: _____

EMERGENCY CONTACT TELEPHONE: _____. ALTERNATIVE TELEPHONE: _____