17th Annual MS 6 Mile Bay Row & Paddleboard Race
Wednesday, July 21, 5:45 PM

Rower 1 / Paddler

Last Name		**First Name**	
Street Address			
City	**State**	**Zip Code**	**Phone**
Date of Birth	**Age**	**Sex**	**Patrol:** **Active** **Alumni**
E-mail Address			
Rower 2			
Last Name		**First Name**	
Street Address			
City	**State**	**Zip Code**	**Phone**
Date of Birth	**Age**	**Sex**	**Patrol:** **Active** **Alumni**
E-mail Address			
		Paddleboard Division (Circle One) **USLA 10'6"** **SJ Stock 12'** **Unlimited**	

Waiver: I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in the sport of marathon rowing or paddling including the possible permanent disability or death, and I am competing at my own risk.
I hereby, for myself, heirs, executors and administrators, waive and release claims that I may have against the Township of Upper and its representatives (Deuville Inn, Strathmere, NJ) and their representatives and any and all other parties, successors, and assignees directly or indirectly associated with this race for any injuries that may occur or be suffered by me in the MS Six Mile Bay Race. I also give permission for the use of my name and/or picture in any newspaper, broadcast, or any other account of this race. I certify that I am in proper physical condition for this race.

SIGNATURE (required) _____
DATE:

Mail Check & Form To: UTBP Association PO Box 205 Tuckahoe, NJ 08250 Attn: Dept of Lifeguards **Checks must be received by 7/19/10** Contact: 609-628-3343 Fax: 609-263-8572	**Registration Fee:** Paddleboards **$25.00** Boats (Per Team) **$100** **2009 Finish Place** _____