

Quarry Days Kayak Race

Saturday, June 23, 2018



Heats will be determined by the number of entries.

Registration begins at 12:30p.m. Races begin at
1:30p.m.

Kayak Boat Race Guidelines

1. Boats will launch from the bath house on the north side of the Big Sioux River located in the city park.
2. Water safety rules must be observed and life jackets must be worn at all times during the race.
3. All participants must sign liability waivers.
4. Entrants under age 18 must have parent/guardian consent and signature.
5. Because the river is going to be OPEN to motorized boat traffic, common boat courtesy must be maintained. (i.e. stay close to your right side of the river)
6. All boats must go around the markers that will be placed. Failure to do so will disqualify you from the race.

Please return the completed form, signed to:

Dell Rapids Chamber of Commerce
P.O. Box 81
Dell Rapids, SD 57022
ATTN: Kayak Race
or email to office@dellrapidschamber.com

Otherwise you may register prior to the start of the race.

Questions? Please call Call Calvin @ 428-4167

Quarry Days 2018 - Kayak Race

Important:

In order to participate in the Quarry Days Kayak Race, you are required to complete the waiver of liability below. Read carefully before you sign.

Waiver and Release of Liability

In signing this waiver to participate in the Quarry Days Kayak Race, sponsored by the Dell Rapids Chamber of Commerce, to be held on Saturday, June 23rd, 2018, on the Big Sioux River, I do hereby waive any claim which I may have of any nature whatsoever in connection with, or arising out of my participation in this Kayak Race. As a participant I understand and assume the risk of any dangerous conditions or serious injury in or about the river or lake where the race is to take place, and while participating. I also understand that I am required to obey all water safety rules, wear appropriate safety gear and a life jacket at all times during the race, and acknowledge that the Dell Rapids Chamber of Commerce cannot guarantee safety.

The undersigned has read and fully understands and agrees to this waiver and release.

Printed Name of Entrant: _____

Signature of Entrant or Parent/Guardian: _____
(If Entrant is Under 18)

Printed Name of Person Signing if Different than Entrant: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____
