## 2019 Port Washington - Manhasset Bay Kayak Run **July 27, 2019** (Postponed from: July 20)

Presented by the TOWN OF NORTH HEMPSTEAD & **The Community Chest of Port Washington** with MAJOR assistance from Atlantic Outfitters & Koastal Paddle



Start Time: 10AM

Starting Location: Port Washington Town Dock, Main

Street, Port Washington

## **Number Pickup:**

Friday 7/26, 10 AM until 8 PM at

Atlantic Outfitters (405 Main Street, Inspiration Wharf);

Saturday 7/20, before 9:00 AM at Atlantic Outfitters.

Primary Launching Locations: Town Dock or Manorhaven Park boat ramp

For Office Use ONLY

Payment \$\_\_\_\_

TAG #

Cash/Chk/CC\_\_\_\_

Kayaks: Use your own kayak or discounted kayak rentals available from Atlantic Outfitters, 405 Main Street (516) 767-2215 or Koastal Paddle, 158 Manorhaven Blvd. (855) 567-8251. Call in advance to reserve a kayak.

Entry Fee/Donation\*: Adults over 20 years of age: \$25 (\$45 if paid on July 26, 2019)

Young Adults and children: \$10 (\$25 if paid on July 26, 2019)

Complete and deliver or mail this entry with your tax d (382 Main Street) or Atlantic Outfitters (405 Main Street)	eductible <b>entry fee/donation*</b> t	•
$\Box$ I am a member of th	e North Shore Kavak Club	
Parent/Guardian Name (Last, First)		Fee: \$
Entrant #2 (Last, First)	Age:	Fee: \$
Address:	(IT 20 years old or younger)	
Phone/Cell: En	nail	<del></del>
* Make checks payable to: Community Chest of Po	• ,	Credit Card (MC, VISA or AMEX)
Credit Card billing address (if different than above):		
Card Expiration Date: Signature:		

Please fill out entry blank, read the following statement and sign below.

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors and administrators acknowledge and agree that I am voluntarily and knowingly assuming all risks and injuries which are inherent, or in which may arise, from my voluntary participation in this event. I further, hereby, knowingly and voluntarily waive and release any and all rights and claims for damages that I have or may ever have against the Community Chest of Port Washington, the Town of North Hempstead, all event sponsors, officers, agents and employees of all of the above for all injuries or damages suffered by me arising from, or caused by, my participation in said event. I attest and verify that I am physically fit and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to use and release said rights to any photographs, or any other record of this event for any purpose whatsoever and understand that I will receive no compensation of any form in connection therewith.

Signature:	Date:	