

## Individual Information

### REGISTRATION North Country Access 2010

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_ Last Name: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Specific Needs:

Circle, if appropriate:

Sponsor      Partner      Exhibitor Clinic Organizer      Presenter      Volunteer      Director      Staff  
Volunteer T-Shirt Size : S M L XL 2XL

## Activities

**Please circle all activities in which you intend to participate:**

Opening session 9:30-10:30: Charter fishing, ½ day morning,  
Chris Waddell Friday morning Saturday, July 17\*  
July 16

Opening session 9:30-10:30: Water Sports at the Museum  
Dr. Jon Kuniholm Friday 10:30-4:30 Friday July 16  
morning, July 16,

***\*Advance reservation required. Please call 315-788-2730(1253) for more information.  
Do not send payment until approved.***

## Interactive Clinics

**For planning purposes, please circle the Interactive Clinics which interest you.**

Kayaking / Fishing / Sailing /Skiff Rowing /Outrigger Canoeing / Waterskiing / Antique Boat Ride  
Sign up for specific Clinics on site

## Registration fee

*EARLY BIRD*      By June 18, 2010:      \$10.00 individual    \$25.00 family  
On-site:      \$15.00 individual    \$30.00 family  
1/2 Day Fishing Charter    \$25.00 individual

**Make Checks Payable to: North Country Access 2010**

**Mail or Fax Registration and Release forms to:**

North Country Access Cycling, 585 Rand Drive, Watertown, NY 13601  
FAX: 315-782-6612

Amount due: \$ \_\_\_\_\_

**North Country Access 2010 phone: (315) 755-2016**

**North Country Access 2010  
GENERAL RELEASE AND ASSUMPTION OF RISK FORM  
READ CAREFULLY BEFORE SIGNING**

In consideration of North Country Access Cycling, organizer of NORTH COUNTRY ACCESS 2010, its agents, clinic organizers, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf, I hereby agree to release, indemnify, and discharge North Country Access Cycling, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that sailing, kayaking, rowing and related activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.  
**The risks include, among other things** use of kayaking, the forces of nature, including lightning and rapid weather changes; the risks of exposure to insect bites; the risk of cold including hypothermia; my own physical condition, and the physical exertion associated with these activities.  
Furthermore, North Country Access Cycling agents, staff, and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. **I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING IN ANY AND ALL ACTIVITIES THAT I PARTICIPATE IN OR BECOME INVOLVED IN. MY PARTICIPATION IN THESE ACTIVITIES IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN SPITE OF THE RISKS.**
3. I hereby voluntarily never to sue and to release, forever discharge, and agree to indemnify and hold harmless North Country Access Cycling, and any of their owners, employees, agents, directors, officers and any affiliated companies from any and all claims, demands, causes of action, attorney's fees or any other costs, which are in any way connected with my participation in these activities or my use of North Country Access Cycling equipment or facilities, **including any such Claims which allege negligent acts or omissions of North Country Access Cycling.**
4. Should North Country Access Cycling or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

***THIS IS A RELEASE OF LIABILITY  
DO NOT SIGN IT IF YOU DO NOT AGREE TO BE BOUND BY ITS TERMS***

6. I agree to that any action will be brought in the County of Jefferson or alternatively in a court of competent authority in the State of New York. I further agree that the substantive law of the State of New York shall apply in any action brought without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this FESTIVAL, I may be found by a court of law to have waived my right to maintain a lawsuit against North Country Access Cycling on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's or Guardian's Additional Indemnification  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by North Country Access Cycling to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless North Country Access Cycling from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_