

# IF IT FLOATS RACE – LIABILITY WAIVER & RELEASE OF CLAIMS

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## Participant Information

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

## Assumption of Risk

- I understand participation involves risks including injury, drowning, collisions, and equipment failure.
- I voluntarily assume all risks associated with participation.

## Release of Liability

- I release and hold harmless the Town of Ashland, NH.
- I release and hold harmless the Ashland 4th of July Committee.
- I release all organizers, volunteers, sponsors, and affiliates from any liability, injury, damage, or loss.

## Cleanup & Conduct

- I agree to follow all rules and safety guidelines.
- I will remove all debris and materials from the event.
- I understand failure to comply may result in disqualification.

## Medical Consent

- I authorize emergency medical treatment if necessary.
- I accept responsibility for any medical costs incurred.

## Minor Consent (if under 18)

Parent/Guardian Name: \_\_\_\_\_

## Signatures

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_