



MOORHEAD PARKS & RECREATION RIVER EXCURSIONS REGISTRATION FORM

Mail: Moorhead Parks & Recreation, 2400 4th Ave S, Moorhead, MN 56560

Phone: 218.299.5340 **Fax:** 218.299.5212

Email: parkandrec@cityofmoorhead.com

Participant #1 Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Canoe/Kayak Experience: Beginner Intermediate Advanced

Participant #2 Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Canoe/Kayak Experience: Beginner Intermediate Advanced

PREFERRED VESSEL CHOICE: CHOOSE ONE

Please keep in mind there are limited numbers of each vessel.

Canoe Kayak Tandem Kayak Providing your own

VESSEL FEES

\$15.00/person \$10.00/person - Providing your own vessel

*Please make sure you arrive with enough time to receive your vessel as space is limited.

Please indicate which class(es) you are registering for:

- May 15: History of the Red River, hosted by the Historical & Cultural Society of Clay County
- June 19: Animals and Habitats, hosted by Nicole Lee
- July 17: History of the Red River, hosted by the Historical & Cultural Society of Clay Country
- August 21: Aviary Expedition, hosted by Fargo-Moorhead Audubon

TOTAL: \$ _____

Cash Check Credit (Visa, MasterCard or American Express)

Card # _____ Exp Date _____

CV Code _____ Signature _____

WAIVER AND RELEASE OF LIABILITY

All registrants MUST read and sign the waiver below before participating in any Moorhead Parks and Recreation Programs. In consideration of your accepting, I hereby, for myself, my child or ward, my spouse, heirs, and successors or assigns, waive and release any and all rights and claims that I, my spouse, or my child or ward may have against the City of Moorhead, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation in the above activities. This release of liability shall also cover all other river activities that I, my spouse, or my child or ward may register for. I further agree and consent to emergency treatment by a physician or hospital in the event that my emergency contact cannot be reached. I also understand that Park and Recreation Department and/or River Keepers staff or their representatives may photograph participants enrolled in programs, classes or events, or enjoying park facilities. I agree that prior to participating, I will inspect the equipment to be used and if I believe anything is unsafe, I will immediately advise Parks and Recreation Staff or their representatives of such condition(s) and refuse to participate.

Participant #1 Signature: _____ Date: _____

Participant #2 Signature: _____ Date: _____