



Orland River Day

Saturday, June 22, 2019 at 12p

RAFT RACE APPLICATION

Please note the 11:30 am gathering time!!!!

Time of Line-up: 11:30 am on Saturday, June 22, 2019

Place: Please gather at the Davis Landing at 11:30 am

Raft Race begins at: 12:00 pm

Any Questions: Call the Town Office at 469-3186

Please return this application: Orland River Day, P.O. Box 67, Orland, ME 04472

CASH PRIZES FOR TOP 3 FINISHERS FOR BOTH HOMEMADE RAFTS & INFLATABLES: 1ST-\$75, 2ND-\$50, 3RD-\$25

CATEGORIES: MOST PATRIOTIC * MOST SPIRITED * MOST PEOPLE * MOST COLORFUL * JUDGES' CHOICE

Business/Organization: _____

Contact Person/Captain of Raft/Float: _____

Number of people on Raft/Float: _____

Address: _____

Phone: _____ E-mail: _____

Category: _____

Type of Vessel: Homemade: _____ or Inflatable: _____

Name of Raft/Float: _____

RAFTERS MUST WEAR A PERSONAL FLOATATION DEVICE



Town of Orland
25 School House Rd
PO Box 67
Orland, ME 04472
469-3186

RELEASE OF LIABILITY

In exchange for participation in the activity of the Orland River Day raft race, organized by the Town of Orland, I agree for myself and (if applicable) for the members of family & crew, to the following:

1. I (we) agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Orland River Day volunteers.
2. I (we) recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and, (if applicable) for the members of my family and further release and discharge the Town of Orland for injury, loss or damage arising out of my or my family & crew's use of or presence upon the facilities of the Town of Orland, whether caused by the fault of myself or my family.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Printed name: _____

In case of emergency, please call _____ (Relationship: _____)