



Entry Form



** Please send registration to:
Ultimate Watersports 7340
Greenbank Rd. Baltimore, MD 21220 **
Questions may be directed to 410-335-5352
or via e-mail to hal@ultimatewatersports.com

Name of Event:

PADDLE for the CURE

Volunteer Information

Mr., Mrs., Ms., Dr. _____

Street _____ City _____ State _____ Zip _____

E-Mail _____

Home Phone _____ Work Phone _____

Cell # _____

Emergency Contact _____ Home # _____ Work # _____

T-Shirt Size: (please circle) Small Medium Large Extra-Large

Please circle the category you wish to enter:

- **Experienced Paddler** / 8 mile Race
- **Novice Paddler** / 1 Mile Distance Course
- **First Time Paddler** / Short Course
- **Parent - Child Team** / Fun Race

WAIVER: I hereby waive all claims against Ultimate Watersports, the Susan G. Komen Foundation, the Maryland Department of Natural Resources, sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizer to use photographs of me in legitimate accounts and promotions of this event.

Signature X _____

(Parent or Guardian's Signature if Less Than 18 Years of Age)