

Individual Name: _____

Group Name (if applicable): _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

T-Shirt Size: _____

I will stay for lunch: Yes No

For office use only Total Contribution: _____

The goal is to raise as much as you can through contributions and sponsorships in addition to the \$25 per person registration fee, all to benefit R.E.A.L. Hope Youth Center.

The event is open to everyone. Any individual/group who pays the \$25 per person registration fee to enter the water will also receive a T-shirt and a free buffet lunch at Paris Landing State Park Inn Restaurant the day of the event. Each participant must fill out a registration form before participating. All monies must be turned in by January 1st prior to the plunge into the river. Fees and monies will be collected at the event registration table starting at 12:30pm on Friday, January 1, 2016.

Trophies will be awarded to the 1st, 2nd, and 3rd place participants in individual and group categories based on that individual's or group's total contribution. A trophy will also be awarded for the most outrageous outfit. Awards will be presented during the lunch buffet @ the Paris Landing Inn.

RELEASE AND WAIVER OF LIABILITY, CERTIFICATION, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PARENTAL CONSENT

(Do not sign without reading)

In exchange for permission for me and/or my minor child to participate in the Shiver on the River 2016 (Activity) at Paris Landing Henry County, TN, I represent that:

***I UNDERSTAND THE NATURE OF THE ACTIVITY**, and that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other Activity participants, the conditions in which the Activity takes place, or the negligence of the "RELEASEES" named below; and that there may be other risks either not known to me or not readily foreseeable at this time. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

***I CONSENT TO THE PARTICIPATION OF MY MINOR CHILD.** (This applies only if my minor child's name is shown below as a participant.)

***I CERTIFY THAT I AND/OR MY MINOR CHILD** am qualified, in good health, and in proper physical condition to participate in this activity.

***I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY** for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

***I HEREBY RELEASE, DISCHARGE AND PROMISE NOT TO SUE** R.E.A.L. Hope Youth Center its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and landlords of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), from all liability, claims, demands, losses, or damages that I and/or my minor child suffer which are caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations.

***I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each RELEASEE from any loss, liability, damage, or cost which any may incur, if, despite this release and waiver of liability, and assumption of risk, I or anyone on my and/or my minor child's behalf, makes a claim against any RELEASEE.

***I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, CERTIFICATION, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PARENTAL CONSENT (collectively "Agreement"), UNDERSTAND THESE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT**, and have signed it freely and without any inducement or assurance of any nature. No Releasee or person on behalf of any Releasee has told me anything that is inconsistent with or contrary to the terms of this Agreement. I understand that, in reliance upon my signature on this form, voluntarily given, I may be permitted to participate in the Activity noted above. I intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect.

Print name of Participant

Date

Signature of Participant (if age 18 or over)

Signature of Custodial Parent/Legal Guardian

For self and any other parent/guardian(if participant under age 18) Witness to Above Signature

www.shiverontheriver.com

7th Annual
SHIVER



TROPHIES AWARDED TO 1ST, 2ND & 3RD INDIVIDUAL & GROUP CONTRIBUTIONS AND MOST OUTRAGEOUS OUTFIT

Friday

JANUARY 1, 2016

12:30PM Registration

Paris Landing State Park Marina boat ramp. Held rain or snow!

Sign-up yourself or a group today!

Call 712-540-8764 or 731-333-1320 for more information

All Proceeds Benefit

IREAL
RECREATION EDUCATION ARTS LEADERSHIP

hope youth center

Sponsored by: Hulmes Sporting Goods, Paris Landing State Park,
Tennessee Valley Community Church,
All Temp Heating & Cooling.

*'I was a giver
without the
shiver'
t-shirts will also be sold
for \$25!*