

REGISTRATION FORM

Rash Guard
Number



(First Name Middle Initial Last Name)

(Address)

(City Province Postal Code)

(Phone Number)

- Male Pro
 Female Amateur

| Kiteboarding | | Circle event fee | Windsurfing | | Circle event fee |
|--------------------------|----------------------|------------------|--------------------------|----------------------|------------------|
| <input type="checkbox"/> | Distance Course w/WS | \$20.00 | <input type="checkbox"/> | Distance Course w/KB | \$20.00 |
| <input type="checkbox"/> | Freestyle / Big Air | \$20.00 | <input type="checkbox"/> | Freestyle | \$20.00 |
| <input type="checkbox"/> | Border X | \$20.00 | <input type="checkbox"/> | Slalom | \$20.00 |
| Total | | | Total | | |

Paid by: Cash Mastercard Visa Amount Paid: \$ _____

Waiver

I do, for me, my executors or administrators, heirs and assigns, hereby waive any and all claims as may accrue to me against Nitinaht Visitors Centre and / or Nitinaht Xtreme Adventures, it's officers, directors, members, employees, volunteers and agents, and in one or more of them arising out of my participation in any event of the Nitinaht Wind Fest, or arising from any related activities. I do further agree to and hereby indemnify the aforesaid organization and persons to any claim, demand or judgement against them, including the cost of attorney's fees and expenses incurred in defence of such claims, etc. made or brought by an volunteer or agent or their executors, administrators, heirs, next of kin and assigns arising out of participation in the Nitinaht Wind Fest or any related activity.

Initials

Emergency contact: _____
(Name) (Telephone Number)

Date: _____ Signature _____ Witness _____

If pre-registering please drop off and pay at **Nitinaht Visitors Center** or

BY FAX to: (250) 745-3395 with Credit Card Number: _____ Expiry ____/____

Pre-registrants, please check on your registration on the evening of August 10th or the morning of August 11th.