

# 10<sup>th</sup> Annual Benefit for the Clifton Community Library



## "POKER PADDLE"

**Saturday July 25<sup>th</sup> 2015 from 1 to 4 pm**

*Sponsored by the Cranberry Lake Boat Club*



All entry fees to be donated to the Clifton Community Library – Prizes to be awarded for best poker hands and raffle winners. Each participant receives 3 raffle tickets. Virtual paddlers also receive a five-card hand in the poker competition. Non-Motorized craft are invited to join. Canoes, Kayaks, Guide Boats, and other Rowing Craft are welcome.

### Application and Registration

Name \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Registration fees:** \$10/person on or before 7/23/15  
\$15 day of event

**Virtual Paddler:** \$20/person (Non-paddlers who wish support the library and be eligible for prizes)

Want to make an additional contribution to the Library?

\_\_\_\_ \$10 \_\_\_\_ \$15 \_\_\_\_ \$20 \_\_\_\_ \$25 \_\_\_\_ \$50

Amount Enclosed \_\_\_\_\_ Please make checks payable to **Cranberry Lake Boat Club**.

### Please read and sign: Risk Acknowledgement/ Release of Responsibility

Those adult persons enjoying the Cranberry Lake Boat Club activities accept full responsibility for their own well-being and for the well-being of minor(s) for whom they are acting in the capacity of parent or guardian. Some of these activities may involve known or unanticipated risks to the participants and their equipment. Knowing this, I elect to participate in the above-named activity and agree and promise to accept all associated risks. I accept full responsibility for my own safety and for that of any minor(s) that accompany me. I (we) have chosen to participate in this activity knowing that it is consistent with all participant's physical abilities. I do hereby release and discharge the Cranberry Lake Boat Club, its members, volunteers and sponsors, and anyone involved in this activity from any liability resulting from illness, injury, damages or loss that I may incur as a result of my participation in this activity.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of minor \_\_\_\_\_ Age \_\_\_\_\_ Name of minor \_\_\_\_\_ Age \_\_\_\_\_

(Applications *received* at Clifton library or PO Box 595 CL, NY 12927 by 7/23/15))