

RIVER DAY 2010 CANOE/KAYAK TRIP

benefitting Janet Weis Children's Hospital
pediatric services

Saturday, June 12

11 am: Float participants meet
Town Park, Bloomsburg

noon: River float launch
*10-mile paddle to River Front Park,
Danville*



*Event sponsored by Children's Miracle Network at
Geisinger, with special thanks to collaborators from:
Endless Mountain Outfitters, Columbia Montour
Visitors Bureau and Susquehanna River North
Branch Water Trail.*

QUESTIONS?

Call us at (570) 271-6188.

RIVER DAY 2010 REGISTRATION FORM

Please use this form to pre-register. Participants also may register the day of the event, but those who require rental boats or shuttle service are asked to please pre-register by June 5. You may also register online at www.emo444.com

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL ADDRESS _____

PARTICIPANT DETAILS

Check here if participant is under 18 years old. (NOTE: Adult supervision required for participants under 18)

Skill level: (Please check one.) Beginner Amateur Expert

Is participant a swimmer? Yes No

Please list relevant medical conditions: _____

PASSENGER DETAILS

Name of passenger (if canoe or tandem): _____

Check here if passenger is under 18 years old. (NOTE: Adult supervision required for participants under 18)

ADDITIONAL INFORMATION

Check here if you would like to serve on the Volunteer Safety Team.

Check here if you are interested in a boxed lunch. (NOTE: Additional \$5 charge will apply, to be paid at event.)
Boxed lunches will be provided by Brews N Bytes, Danville.

IMPORTANT! COMPLETE AND SIGN REVERSE SIDE BEFORE MAILING FORM!

ENCLOSE PAYMENT WITH COMPLETED REGISTRATION FORM AND MAIL TO:
Children's Miracle Network, Attn: Meredith Sosik, 100 N. Academy Ave., Danville, PA 17822-5020
Please make checks or money orders payable to "Geisinger Health System Foundation." Questions? Call (570) 271-6188.

ITEM	COST	QUANTITY	SUBTOTAL
River float registration only; no boat or shuttle needed	\$15	X	=
River float registration and kayak rental*	\$40	X	=
River float registration and tandem kayak rental*	\$50	X	=
River float registration and canoe rental*	\$50	X	=
Third person in canoe	\$5	X	=
River float registration and return shuttle ride** <i>Shuttle rides are for passengers only — no boats.</i>	\$15	X	=
TOTAL AMOUNT ENCLOSED			

RIVER FLOAT INFORMATION

Meet at Bloomsburg Town Park for registration and kayak demonstrations, then enjoy an easy 10-mile paddle to Danville on the beautiful Susquehanna!

Shuttle service back to Bloomsburg will be available (pre-registered participants only). Please call (570) 271-6188 for shuttle information.

Registration fee is \$15, with proceeds benefiting Janet Weis Children's Hospital pediatric services.

You may bring your own canoe/kayak; a limited number will be available for rent. Rentals will be provided by Endless Mountain Outfitters, (570) 746-9140 or kayaks@ptd.net.

Note: Participants needing rentals or shuttle service should pre-register by June 5.

IMPORTANT EVENT INFORMATION

All participants must wear PFDs and keep them fastened during the trip; attendance at the pre-launch safety briefing also is required. The trip is a group activity. For safety reasons, participants must stay together. On-water escorts will monitor the group.

Participants should dress for the weather: consider suitable footwear to wade in water during launch or landing, eyewear, sunhats and sunscreen, plus a water bottle and/or snack for along the way.

Charitable organizations that solicit contributions are required by the Commonwealth of Pennsylvania to provide the following statement: "A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement." You may obtain a copy of the Geisinger Foundation's financial report by contacting either Geisinger, Tax Department, 100 N. Academy Ave., Danville, PA 17822-3023 or the NY Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271-0332.

* If renting a boat, the registration, paddles and PFDs will be included with rental. Please indicate quantities below:

Child size: _____ XS/Small: _____ Medium/Large: _____ XL/XXL: _____

** If reserving shuttle ride, indicate morning or afternoon shuttle: 10:30 am 4 pm

IMPORTANT! YOUR REGISTRATION FORM IS NOT COMPLETE UNTIL YOU SIGN BELOW!

In consideration of permission for me and/or my children and spouse (please circle participants) to participate in the Susquehanna River Float for Children's Miracle Network, (I/We), intending to be legally bound hereby, hereby agree that (my/our) heirs, executors, administrators and assigns will and hereby release and forever discharge Geisinger Health System Foundation, its affiliated corporations, and all other persons, associations and corporations, both known and unknown, and their respective agents, servants, employees, board of directors, members, heirs, executors, administrators, assigns and insurers (hereinafter called "Geisinger") from all manner of claims, actions or causes of action which (I/We) now have or which (my/our) heirs, executors, administrators, assigns hereafter can, shall or may have because of bodily injury, including death, or damage or loss to property which (I/We) may suffer while participating in the above activity, whether the said injury, including death, or damages may be due to a negligent act or omission of Geisinger or otherwise. It is acknowledged that there are risks of injury or damages, which may be inherent in this activity and that (I/We) accept full responsibility for (myself/ourselves) and/or my child/children (below noted). (I/We) understand that this is my/our own voluntary decision to participate in the activity and (I/We) fully assume the risks of injury and damages from both known and unknown causes, both obvious and hidden conditions and conditions for which warnings were or were not specifically provided. (I/We) understand that Geisinger has made no representations regarding training or the safety of any equipment and (I/We) hereby release Geisinger from any and all liability related to such equipment, training, failure to train and/or failure to supervise the activities. It is additionally understood that should (I/We), in any fashion, be employed by Geisinger Health System Foundation, Geisinger Clinic, Geisinger Medical Center, Geisinger Wyoming Valley Medical Center or any one of the affiliated Geisinger Corporations not herein noted specifically, I/We understand that (I/We) am/are voluntarily entering into the River Float activities outside of the course and scope of their employment and will not under any circumstances, should injury occur during these activities, qualify or be entitled to Workmen's Compensation or any other specific Compensation or benefit that may be applicable to injuries that may occur during the course and scope of employment, for any injuries suffered from their participation in the above noted activities. For children under 18, it is understood that as a parent, I am aware of and understand the risks of allowing my child/children to engage in River Float activities. I am aware that I am, at all times, responsible for their well-being and supervision, and I take all responsibility for their safety. I also hereby release Geisinger Foundation, Children's Miracle Network and all affiliated Geisinger entities from any liability for the safety of my children and/or any injuries or death that may result from their participation in the River Float.

Signature of participant: X _____ Date: _____

Signature of parent/guardian if participant is under 18: X _____

Check here if you would like to receive information on future Children's Miracle Network events.