



# Orland River Day

## Saturday, June 24, 2017

### RIVER "FLOAT-IN" APPLICATION

**Please note the 1:00 pm gathering time!!!!**

**Time of Line-up:** 1:00 pm on Saturday, June 24, 2017

**Place:** Please gather at the Davis Landing at 1:00 p.m.

**Raft Race begins at:** 1:30 p.m.

**Any Questions:** Call the town office at 469-3186

**Please return this application:** Orland River Day, P.O. Box 67  
Orland, Me 04472

<b><u>CATEGORIES:</u></b>	<b>FASTEST</b>	<b>MOST PATRIOTIC</b>
	<b>MOST COLORFUL</b>	<b>MOST PEOPLE</b>
	<b>JUDGES' CHOICE</b>	

**RAFTERS MUST WEAR A PERSONAL FLOATATION DEVICE**

Business/Organization: \_\_\_\_\_

Contact Person/Captain of Raft/Float: \_\_\_\_\_

Number of people on Raft/Float: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Category: \_\_\_\_\_

Name of Raft/Float: \_\_\_\_\_

Check one category:  Private/Non-Profit  Business  Municipal



**Town of Orland**  
**25 School House Rd**  
**PO Box 67**  
**Orland, ME 04472**  
**469-3186**

**RELEASE OF LIABILITY**

In exchange for participation in the activity of the Orland River Day raft race, organized by the Town of Orland, I agree for myself and (if applicable) for the members of family & crew, to the following:

1. I (we) agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Orland River Day volunteers.
2. I (we) recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and, (if applicable) for the members of my family and further release and discharge the Town of Orland for injury, loss or damage arising out of my or my family & crew's use of or presence upon the facilities of the Town of Orland, whether caused by the fault of myself or my family.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

In case of emergency, please call \_\_\_\_\_ (Relationship: \_\_\_\_\_)