







PRESENTED BY:





MAY 7-JUNE 4, 2024 TUESDAY EVENINGS | 5 P.M. | AGES 16 AND UP*

REGISTER online at vailrec.com/register or fill out the form below and mail or fax to: Vail Recreation District Sports 700 South Frontage Road East, Vail, Colorado 81657 Fax: 970-479-2281 Email: sports@vailrec.com		2024 Eagle River Water & Sanitation District VAIL WHITEWATER		
me #1		RACE SERIES DATES		
Name #2(If competing in R2 category)		☐ May 7 ☐ May 14	☐ Fri, May 31*	
Gender: □M □F Date of Birth		☐ May 21	☐ May 21 ☐ May 28 ☐ June 4 Bonus race in the Town of Minturn! *This race is not included in the regular series;	
Mailing Address		☐ May 28		
City, State, Zip		☐ June 4		
hone		CATEGORY	competitors will	
Email			Mayak need to register separately	
Emergency Contact		SUP		
Emergency Contact Phone		☐ Two-Person Raft (R2)		
Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I agree to waive and release the Vail Recreation District and their officers, employees, agents, servants, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property during said activities. In the event of injury, I authorize District personnel to contact emergency medical services and further consent to any emergency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulance transport, which may be provided to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I am fully responsible for any charges which may result from such services and further agree to indemnify the District, its employees and agents, from any claim, demand, suit or liability related to my or my child's transport, care or treatment, or from any charges related thereto. Participants may be photographed and such photographs may be used to publicize events.		REGISTRATION □ Series Registration \$70 □ R2 Series Registration \$100 SINGLE DAY REGISTRATION: □ Preregistration \$17		
Signature	Date	☐ Race Day Reg	•	
	Date	R2 Preregistration \$24		
Make checks payable to: Vail Recreation District		☐ R2 Race Day F	Registration \$36	
Amount Received \$ □ Cash	☐ Check #			
□ Charge Cardholder		For more informa	tion,	

BLOCH & CHAPLEAU

CATES ONGERT

Account Number ___



☐ Charge Cardholder _____

☐ Visa ☐ MasterCard ☐ American Express





*Anyone under 16 who wishes to participate should contact the VRD at 970-479-2280



The VRD is an equal opportunity service provider and operates under special permission from the White River National Forest and Bureau of Land Management.









call 970-479-2280

or visit vailrec.com

















__ Expiration ____/__ CVV# __











