



Life's better outside.®

# 2021 Annual Lampasas Spring Ho Festival Kayak Races

Race Day Saturday July 10, 2021 ◀▶ See Division Categories for Start times

Early Registration thru July 6th, \$5 ◀▶ Registration on Day of Race, \$10

## Registration Form

### Paddler 1

Printed Name:		
Date of Birth:	Age (on race day):	
Street Address:	City:	
State:	Zip:	Phone:
Email:		

### Paddler 2 if Tandem

Printed Name:		
Date of Birth:	Age (on race day):	
Street Address:	City:	
State:	Zip:	Phone:
Email:		

Kayaks, paddles, and life vests will be provided. No outside boats will be allowed. Registration will be taken on the day of the race until 30 minutes before the heat. All registration fees are per person. Participants should show up at the Kayak Race Station 15 minutes before start time for race check-in. Adults and Minor Children must submit Liability waivers with their registration! Singles and Tandems will race against the clock for Grand Champion Title! The Grand Champion will win four day passes to Colorado Bend State Park. Race fees will be collected day of by a Friends of Colorado Bend State Park member.

### Indicate Your Division Category and Note Start Time (check one division only)

#### Kayak Tandem Race (2 racers)

<input type="checkbox"/> Adult (Ages 18 & up) starts at 12:00 p.m.	<input type="checkbox"/> Adult & Youth Race (Adult 18 +, youth ages 5-17) starts at 1:30 p.m.
<input type="checkbox"/> Youth (Ages 13-17) starts at 12:45 p.m.	

#### Kayak Single Race

<input type="checkbox"/> Youth (Ages 13-17) starts at 2:30 p.m.	<input type="checkbox"/> Adult Race (Ages 18 & up) starts at 3:00 p.m.
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**Grand Champion Race for Heat Winners will start at 3:45 p.m.**

Please complete form and send via email, fax or mail. For questions call or email Park Ranger Debbie Hicks:

Colorado Bend State Park

Phone: 325-628-3240

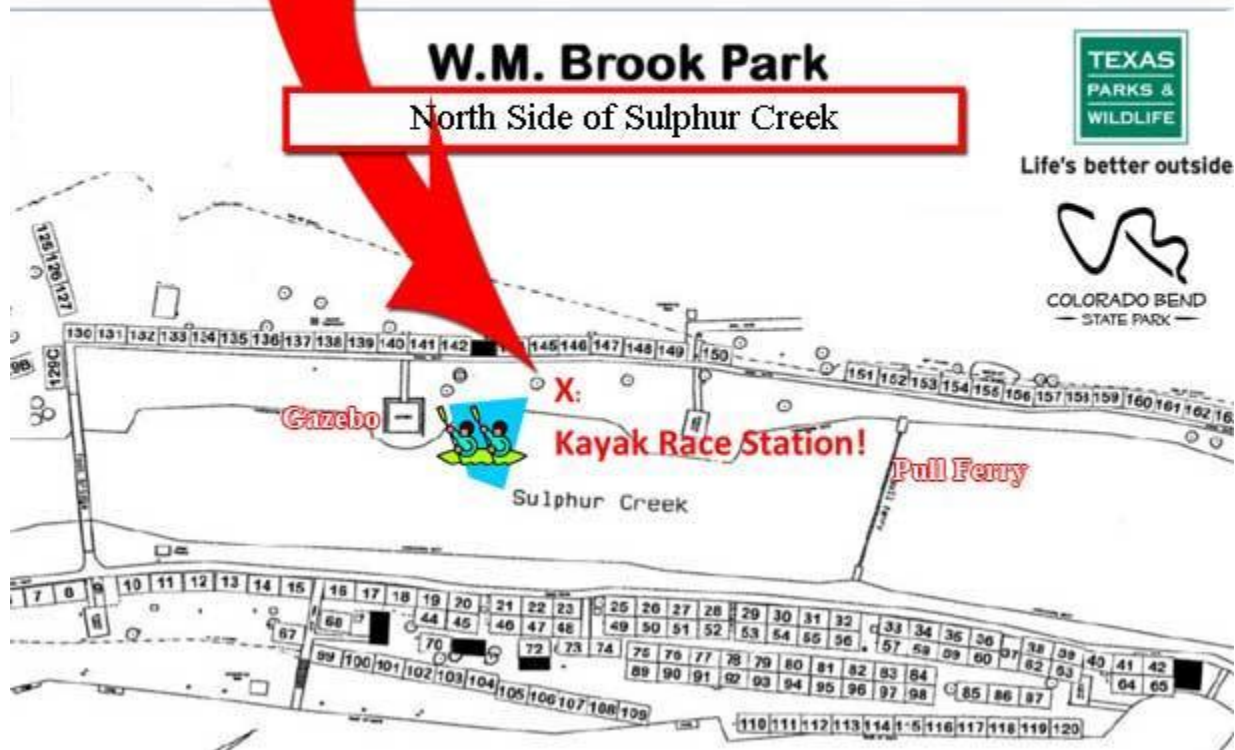
P.O. Box 118

Fax: 325-628-3241

Bend, TX 76824

Email: debbie.hicks@tpwd.texas.gov

# Annual Spring Ho Kayak Race and Fun Paddle



Next: 2 Pages - Minor Child Waiver and next a 1 Page - Adult Wavier  
(Child under the age of 17 on the date of the race)

**2 Pages: PARENT'S RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT AND ACCEPTANCE OF RISKS FORM MUST BE SIGNED BY THE PARENT/GUARDIAN OF MINOR CHILD**

Page following the Minor Child Release is the Adult Release

**1 Page: ADULT PARTICIPANT'S RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT AND ACCEPTANCE OF RISKS**

## **PARENT'S RELEASE OF LIABILITY,**

Please complete form and send via email, fax or mail. For questions call or email Park Ranger Debbie Hicks:

Colorado Bend State Park

Phone: 325-628-3240

P.O. Box 118

Fax: 325-628-3241

Bend, TX 76824

Email: [debbie.hicks@tpwd.texas.gov](mailto:debbie.hicks@tpwd.texas.gov)

**HOLD HARMLESS AGREEMENT  
AND ACCEPTANCE OF RISKS  
TEXAS STATE PARKS**

I, \_\_\_\_\_, am the parent or legal guardian of a minor child named  
(Printed Name)

\_\_\_\_\_, age \_\_\_\_\_. I want my minor child to participate in  
(Name of Minor Child)

**The Lampasas Spring Ho Kayak Race, a Texas Parks and Wildlife Department (“TPWD”) activity  
Scheduled on 10th of July, 2021 at W.M. Brook Park in Lampasas, TX.**

I have directed and advised my child of the correct behavior to be demonstrated at all times while participating in activities with Lampasas Spring Ho and TPWD. I understand that if my child becomes uncooperative, unsafe or disruptive, or disobeys rules/policies, my child’s participation in the program may be terminated immediately.

If photographs, digital images, interviews or video or audio tapes are made of my child, I DO / DO NOT consent (circle one) to release of those images or tapes for use by TPWD.

I understand that there are conditions that are dangerous and risky to my minor child in the park, including hazardous snakes and insects, depth and temperature of water, weather conditions, and the use of sporting equipment, including fishhooks. I grant permission for TPWD, its employees and volunteers to administer emergency first aid to my child and to transport my child or have my child transported to the nearest physician, clinic or hospital if needed.

**IN CONSIDERATION FOR MY MINOR CHILD BEING ALLOWED TO PARTICIPATE IN THIS TPWD SPONSORED ACTIVITY, I, FOR MYSELF AND ON BEHALF OF MY MINOR CHILD, VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS TPWD, ITS COMMISSIONER, DIRECTORS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION IN ANY WAY RESULTING FROM MY MINOR CHILD’S PARTICIPATION IN THE TWPD ACTIVITY, INCLUDING DEATH OR INJURY TO MY MINOR CHILD AND DAMAGE TO OR LOSS OF PROPERTY, EVEN IF CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OF TPWD EMPLOYEES OR VOLUNTEERS.**

I AGREE THAT I AND MY HEIRS, SUCCESSORS, AND ASSIGNS WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY LAWSUIT AGAINST TPWD, ITS EMPLOYEES OR VOLUNTEERS ARISING FROM MY MINOR CHILD’S PARTICIPATION IN THE TPWD ACTIVITY, EITHER ON OR BEHALF OF MYSELF/THEMSELVES OR ON BEHALF OF MY MINOR CHILD.

**Please complete form and send via email, fax or mail.** For questions call or email Park Ranger Debbie Hicks:  
Colorado Bend State Park Phone: 325-628-3240  
P.O. Box 118 Fax: 325-628-3241  
Bend, TX 76824 Email: debbie.hicks@tpwd.texas.gov

I AGREE TO DEFEND AND INDEMNIFY TPWD, ITS COMMISSIONERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS, FROM ANY CLAIM OR LAWSUIT INSTITUTED BY ANY AND ALL PERSONS ON BEHALF OF MY MINOR CHILD. **THIS RELEASE IS INTENDED TO EXCLUDE TPWD, ITS EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY.**

\_\_\_\_\_  
Signature of Parent/Guardian of Minor Child

\_\_\_\_\_  
Date

**Contact information for Parent/Guardian of Minor Child**

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

**Contact Numbers:** \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Alternate Contact Person**

**Name:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Is this person authorized to pick up your minor child if you are not available?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ADULT PARTICIPANT'S RELEASE OF LIABILITY,**

**Please complete form and send via email, fax or mail.** For questions call or email Park Ranger Debbie Hicks:

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**HOLD HARMLESS AGREEMENT  
AND ACCEPTANCE OF RISKS**

**TEXAS STATE PARKS**

I, \_\_\_\_\_ agree to participate in  
(Printed Name)

**The Lampasas Spring Ho Kayak Race, a Texas Parks and Wildlife Department (“TPWD”) activity  
scheduled on 10<sup>th</sup> of July, 2021 at W.M. Brook Park in Lampasas, TX.**

I understand that there are conditions that are dangerous and risky, including hazardous snakes and insects, depth and temperature of water, weather conditions, and the use of sporting equipment, including fishhooks. I grant permission for TPWD, its employees and volunteers to administer emergency first aid to me or have me transported to the nearest physician, clinic or hospital if needed.

**I VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS TPWD, ITS COMMISSIONERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION IN ANY WAY RESULTING FROM MY PARTICIPATION IN THE TPWD ACTIVITY, INCLUDING DEATH OR INJURY AND DAMAGE TO OR LOSS OF PROPERTY, EVEN IF CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OF TPWD EMPLOYEES OR VOLUNTEERS.**

**I AGREE THAT I AND MY HEIRS, SUCCESSORS AND ASSIGNS WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY LAWSUIT AGAINST TPWD, ITS EMPLOYEES OR VOLUNTEERS ARISING FROM MY PARTICIPATION IN THIS TPWD ACTIVITY, EITHER ON BEHALF OF MYSELF/THEMSELVES.**

**I AGREE TO DEFEND AND INDEMNIFY TPWD, ITS COMMISSIONERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS, FROM ANY CLAIM OR LAWSUIT INSTITUTED BY ANY AND ALL PERSONS ON BEHALF OF MYSELF. THIS RELEASE IS INTENDED TO EXCLUDE TPWD, ITS EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Please complete form and send via email, fax or mail.** For questions call or email Park Ranger Debbie Hicks:  
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P.O. Box 118 Fax: 325-628-3241  
Bend, TX 76824 Email: [debbie.hicks@tpwd.texas.gov](mailto:debbie.hicks@tpwd.texas.gov)