

# NCARS 2007 Adventure Race Registration Form



**Print and mail this form to: NCARS 2007, USNWC, 820 Hawfield Rd, Charlotte, NC 28214**  
**Make checks payable to: NCARS 2007.** Submit one form for each person. Submit all forms for your team at one time.

**OR: submit payment online at [www.active.com](http://www.active.com). Registration Deadline: Must be postmarked at least one (1) week prior to clinic/ race event.**

- NCARS #1** Skills clinic and 3-hour race. Lake Norman State Park. April 28, 2007. \$50 per person.
- NCARS #2** US National Whitewater Center, May 19, 2007. \$55 per person. Entry cap: 300
- NCARS #3** US National Whitewater Center, October 13, 2007. \$55 per person. Entry cap: 300

|   |  |             |             |
|---|--|-------------|-------------|
| Name:   | Date:  | Sex:<br>M F | Birth Date: |
| Street Address:   |  |             |             |
| City:   | State:   | Zip:        |             |
| Email Address:  | Daytime telephone #:                                   |             |             |
| Circle: <b>NCARS #1</b> , 4/28/07, \$50<br>team size: tbd 1 2 3 4       | Circle tee shirt size: adult S M L XL XXL              |             |             |
| <b>NCARS #2</b> , 5/19/07, \$55<br>4 hour or 7 hour, team size: 1 2 3 4 | Team name: _____<br>Team captain: _____                |             |             |
| <b>NCARS #3</b> , 10/13/07 \$55<br>4 hour or 7 hour, team size: 1 2 3 4 | Total amount made payable to <b>NCARS 2007</b> : _____ |             |             |

**Refund Policy:** Two-week cancellation period with written request. No refunds within 4 weeks of the event date. This is a benefit event, after all.

**NCARS 2007 Waiver:** In consideration of acceptance of this registration entry form, I waive any and all claims for myself and my heirs against organizers, official partners, including the US National Whitewater Center, Lake Norman State Park, Action Learning Associates, Inc, volunteers, property owners, and associates of the NCARS 2007 adventure race events for any injury or illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this event. By signing this waiver, I give the NCARS 2007 adventure race managers all rights to use photos during the event that may include my picture and any bio information that I provide, including my name, for use to the media.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thanks for your support of this benefit event. We look forward to seeing you!

