



**2ND ANNUAL
LAKE TAHOE STAND-UP
PADDLE CLASSIC
SATURDAY 16 AUGUST 2008**

Location: North Lake Tahoe Recreation Area/Boat Ramp, Tahoe Vista. Ca.

Time: All Day: Start 8:00am

Entry Fee: \$50 for Adults Day of event \$60
\$35 for 17 and under

Payment: Make Checks Payable to: Ta Hoe Nalu or Click on the Donate link on the website to pay by credit card. Mail checks to: Ta-Hoe Nalu - P.O. Box 1136 Carnelian Bay, Ca. 96140

Deadline to postmark of drop off entries is August 11th, 2008. Space Limited. This event will up fast. enter early. Drop off these entry forms to Tahoe Paddle & Oar, Kings Beach. Ca - Arrow Surf Shop, Santa Cruz, Ca. & Mission Surf, Pacific Beach, Ca or mail to the address above. For more information and directions or to contact Ta-Hoe Nalu, please visit our web site at www.Ta-HoeNalu.com or call Ernie at 775-772-2972

This is open to all classes. a paddle of 7 miles. Prizes will be given to 1-2 & 3rd place Men's & Women's + Special Performances. There will be a Stock & Unlimited division. All Participants will be entered in multiple drawing for additional prizes.

----- CUT AND DETACH THE FORM BELOW -----

Required Liability Waiver

Prior to participating. I will inspect the contest site myself to the area's safety and agree to participate.. I assume all risk related to my participation and use of the event site. In consideration of your acceptance of my entry, I hold harmless and release Ta-Hoe Nalu and/ or any official's and/ or sponsors connected with the event from all liability for injuries and/or damages whatsoever arising from my participation in this event. I am physically fit and have trained for this event, I acknowledge that I have read and fully understand this waiver.

Name: _____ **Board Type&Length** _____ **Shirt Size** _____

Birthdate: _____ **e mail:** _____

Address: _____

Signature: _____ **Date** _____

FOR COMPETITORS LESS THAN 18 YEARS OF AGE, PARENTS OR GUARDIANS MUST SIGN BELOW.

I Certify and represent that I am the parent, or legal guardian of the person herein named and give my consent to the terms of the Liability Waiver and agree to the aforementioned parties free from any liability. I also give my consent for any medical treatment, which the above named person may require during the event.

We will have special events for children. No registration or fee is required. Please list the number of children that might participate. There will be Prizes for them. _____

Guardian Signature _____ **Date:** _____