



56th Annual Canoe the Nonquon Race

Saturday, June 6th, 2026

www.scugog.ca/museum

Competitor #

Bring the registration form, entry fee and/or your sponsor money of at least \$65 to the registration table at the Latcham Centre, 121 Queen St., Port Perry on Friday, June 5 between 6:00-9:00 pm or Saturday, June 6 between 7:00-9:30 am. Please make cheques payable to "Township of Scugog".

RACE NUMBERS MUST BE PICKED UP AT LATCHAM CENTRE BEFORE YOU GO TO THE START LINE.

Part 1 – Category/Class & Vessel Information

Class	Length of Vessel	Type of Vessel
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Part 2 – Participant Contact Information

Participant A:

Name	Telephone (Home)	Telephone (Cell)
Address	City	Postal Code
Email	Age (MANDATORY)	
OMCKRA Member	Yes	No
*If Yes=\$8 Discount		

Participant B:

Name	Telephone (Home)	Telephone (Cell)
Address (Same as above)	City	Postal Code
Email	Age (MANDATORY)	
OMCKRA Member	Yes	No
*If Yes=\$8 Discount		

Part 3 – Participation

How many times have you participated in Canoe the Nonquon? (Select One):

First Time
 1-5 Times
 6-10 Times
 11-15 Times
 15-20 Times
 More than 20 Times
 This many times? _____

How did you hear about race? (Select one):

Friend/Family
 Community Guide
 Local Paper
 Club Listing
 Social Media
 Museum Email
 Signs
 OMCKRA
 Other: _____

Would you, or someone you know, like to volunteer to help for next year's race?

Name: _____ Contact Info: _____

Part 4 – Fee & Pledges

Pledge Amount \$	Cheque #	Tax Receipt Required? Yes No
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Part 5 – Race Officials' Use Only

Waiver form signed Fee collected Next of kin form complete Class verified

Check for OMCKRA Name of Registration Official: _____

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act, and will be used to respond to your request. Questions about this collection should be directed to the Director of Corporate Services/Clerk, Township of Scugog 181 Perry Street, Port Perry, Ontario, L9L 1A7, 905-985-7346 ext. 119, clerks@scugog.ca.

Waiver/Release from Liability and Assumption of Risks 2026 Canoe the Nonquon

NOTE: Each participant must complete a separate form.

Part 1 – Participant Information

Participant Name: _____

Part 2 – Waiver/Release

- 1) I acknowledge that the activities involve risk, dangers, and hazards inherent in canoeing, kayaking, and associated outdoor water sports (the Inherent Risk). And further acknowledge that, in addition to the inherent risk the Activities involve certain additional risks, dangers, and hazards, some of which may include (but are not limited to): physical exertion for which I may not be prepared; weather extremes, including sudden and unexpected changes, dangerous water conditions, including cold water and movement, waves, currents, rapids and white water, collision with natural and man-made objects, including rocks and other boats, and equipment malfunction or failure (collectively the Additional Risks).
- 2) I acknowledge that the enjoyment and excitement of my participation in the activities is derived, in part, from the Inherent Risk and the Additional Risks and I agree to freely accept and fully assume all risk of personal injury, death, property damage or less, resulting from any cause whatsoever including, but not limited to, the Inherent Risk and the Additional Risks and active or passive negligence, imprudence, lack of skill, error of judgment, breach of contract or breach of statutory duty of care on the part of the Organizer or the Ontario Marathon Canoe and Kayak Racing Association (OMCKRA). For greater certainty, and without limiting the foregoing, I acknowledge that I use the equipment and facilities of the Organizer and OMCKRA with understanding of the nature, condition and state thereof and entirely at my own risk and acknowledge that I am solely responsible for the safety of my person and property and that the Organizer and OMCKRA assume no responsibility whatsoever for the safety of my person or property in connection with the Activities.
- 3) I waive any, and all, claims I may now, and in the future, have against and release and forever discharge from liability and agree not to sue the Organizer and/or OMCKRA for any personal injury, death, property damage or less sustained by me as a result of my participation in the Activities due to any cause whatsoever, including but not limited active or passive negligence, imprudence, lack of skill, error of judgment, breach of contract, or breach of statutory duty of care on the part of the Organizer or OMCKRA.
- 4) I agree to save harmless and indemnify the Organizer and OMCKRA from and against any and all liability for any personal injury, death, property damage or less to any third party, resulting from my participation in the Activities or in the operation of the Organizer or OMCKRA.
- 5) I agree that I am responsible for all costs of rescue or medical attention rendered to me or for my benefit, arising from the Activities and I agree to indemnify the Organizer and OMCKRA from any and all liability in respect of any and all such costs.
- 6) I acknowledge that, in signing this waiver and release, I am not relying on any oral, written, or visual representations or statements made by the Organizer or OMCKRA.
- 7) I agree that this Waiver and Release shall, in all respects, be governed by, and interpreted in accordance with, the laws of the Province of Ontario.
- 8) By signing below, I confirm that I have read and understood this Waiver and Release prior to signing and agree that this instrument will be binding upon my heirs, next of kin, executors, administrators, successors, and assigns.

9) By completing this form I have give permission for the Race Organizers to use my likeness in the form of photographs for promotional purposes without notifications.

Part 3 – Concussion Code of Conduct for Participants and Parents/Guardians

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.

- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

Part 4 – Family Emergency Contact Form

Must be someone we can reach on race day. **Cannot be another participant.**

Contact Name: _____

Relationship: _____

Contact Home Phone Number: _____

Contact Cell Phone Number: _____

Contact Home Address: _____

Part 5 – Photo Permission

I give permission for The Township of Scugog, its employees, agents and assigns to take photographs of the person listed as the "participant" during our programs for use in future promotional materials/social media. I understand that the Township of Scugog cannot control unauthorized use of my photograph once the photograph has been published. I hereby forever waive any right to inspect or approve any photograph taken by the Township of Scugog. The Township of Scugog shall not be responsible for any loss or damages attributable to the use of any photographs taken of the participant and the participant forever discharges and releases the Township of Scugog from any such liability.

Part 6 – Signature of Participant

By signing here, I confirm that I have

- Reached the full age of 18 years on the day of the race.
- Read this waiver and release, understand its contents, and accept its terms.
- Read the photo permission, understand its contents and accept its terms.
- Fully reviewed, and commit to, this Concussion Code of Conduct.

Signature of Participant

Printed Name

Date

Part 7 – Minors – Signature of Guardian

**** If above Signed Participant is not of the full age of 18 years Approval of Parent or Legal Guardian is required ****

I have read the above contents that have been signed by:

_____ (Print name of minor) and as a parent, or other legal guardian, of said minor, I agree to said minor's signing of the above Waiver and Release and approve of said minor's participation in the Activities described above.

Signature of Participant

Printed Name

Date