

Instructor/Assistant Boater Form

Name:		Phone:	Email:
Safety Gear you are bringing:	Throw bag <input type="checkbox"/> Other (list) _____ First aid kit <input type="checkbox"/>		
Relevant training you have:	Current CPR <input type="checkbox"/> Current first aid <input type="checkbox"/> Expired CPR <input type="checkbox"/> Expired first aid <input type="checkbox"/>	List other safety, education, or whitewater training	
List prior TRPC clinics when you instructed (I), assisted (A) or safety boated (SB), and indicate I, A or SB			
Day you can attend Sat <input type="checkbox"/> Sun <input type="checkbox"/>		Preferred role: Instructor <input type="checkbox"/> Assistant <input type="checkbox"/>	
Preferred student age: Adult <input type="checkbox"/> Youth <input type="checkbox"/> Either <input type="checkbox"/>		Preferred student skills: Beginners <input type="checkbox"/> Practiced Beginners <input type="checkbox"/> Intermediates <input type="checkbox"/> Advanced <input type="checkbox"/>	
Other comments: <div style="text-align: right; margin-top: 20px;"> Friday <u>Saturday</u> </div>			



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>)	I would like a one-year ACA Paddle America Club Membership for: (check & circle one) Individual \$30 Family (2 adults + minors) \$40	I would like a one-year ACA Membership for: (check & circle one) Individual \$40 Family (2 adults + minors) \$60
I would like a one-year Student Membership for \$25 (under 18, or under 23 with copy of student ID)	I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including a <i>Rapid Media</i> magazine)	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits)

AMERICAN CANOE ASSOCIATION ADULT WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.
2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name (print) _____ Date of Birth _____ ACA # (if any) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date _____ Adult Signature _____

Name / Description of Activity or Event _____
 Turkey Bash Training Clinic

Sponsoring Club / Organization _____
 Three Rivers Paddling Club

Activity Date _____

Registration Form – Turkey Bash Training Clinic, August 1-2, 2015

Application deadline: July 18th, 2015

Name: _____

All clinic participants must be TRPC members

TRPC Membership: Non members include a completed Membership Application and payment \$10.00 per family.

Form is available at www.threeriverspaddlingclub.org

Clinic Registration:

Number of adult students - \$20.00 per adult student _____

Number of youth students - \$10.00 per youth student _____

CLINIC TOTAL \$ _____

ACA membership required of all participants for insurance. See top of ACA waiver for types

Current ACA members (list ACA member # on waiver) – Free

Clinic Instructors (not ACA members) – Free ACA

Event membership - \$5.00 per person

ACA Introductory memberships - \$15.00 per person

ACA individual PAC memberships - \$30.00 per person

ACA Family PAC memberships - \$40.00 per person

ACA student memberships - \$25.00 per person

ACA TOTAL \$ _____

Saturday Dinner:

Number of dinners, age 13-adult - \$20.00 per person _____

Number of dinners, age 12 and under - \$15.00 per person _____

Number of instructors/assistants - free _____

DINNER TOTAL \$ _____

Additional Donation:

DONATION TOTAL \$ _____

TOTAL: Add registration fees, dinner fees, and additional donations.

Make checks payable to "Three Rivers Paddling Club."

GRAND TOTAL \$ _____

Camping: Benner's Meadow Run, 315 Nelson Rd., Farmington, PA 15437

www.bennersmeadowrun.com, call 724.329.4097 for pricing and reservations.

Send all clinic forms and membership forms with a check payable to **Three Rivers Paddling Club** to:

TRPC

Slip Clinic

PO Box 113453

Pittsburgh, PA 15241

Email: tpaddlingclub@gmail.com