

West Virginia Wildwater Association  
**Aspiring Intermediate Clinic Registration Form**  
**Clinic Dates: May 19-20, 2012 Registration Deadline: May 5**

All students must be WVWA members. If you need to join the club, go to <http://www.wvwa.net/memberform.shtml>

Name: \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ Day phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Evening phone: \_\_\_\_\_

Are you an ACA (American Canoe Association) member? \_\_\_\_\_ If so, what is your ACA membership number? \_\_\_\_\_

List any medical conditions that you have that should be conveyed to your instructor. (This information will be kept confidential).

Special Request or things your instructor should know:

**Questionnaire:** (Use back of form or additional sheet if needed.)

1. How long have you been paddling? \_\_\_\_\_ 2. How many times have you paddled in the last 6 months? \_\_\_\_\_
3. What is the toughest river you feel comfortable paddling and at what river level? \_\_\_\_\_
4. What is the toughest river you have paddled under control and what river level? \_\_\_\_\_
5. On a scale of 0 (nonexistent) to 10 (solid), rate the following (assume class 2 water): Pool Roll \_\_\_\_\_ River Roll \_\_\_\_\_ Eddy Turns \_\_\_\_\_ Peel Outs \_\_\_\_\_ Water Reading \_\_\_\_\_ Self Rescue \_\_\_\_\_ Rescue of Others \_\_\_\_\_ General Boating Knowledge \_\_\_\_\_
6. On a scale of 0-lamb to 10-tiger, how aggressive are you? \_\_\_\_\_
7. List any whitewater clinics that you have taken (level or type of clinic) and the instructors' names \_\_\_\_\_

*Release and Waiver of Liability and Indemnity Agreement*

I realize that whitewater activities are inherently dangerous, and may result in injury or death. In consideration for being permitted to participate in the West Virginia Wildwater Association Aspiring Intermediate whitewater clinic, I, for myself and my personal representatives, heirs and next of kin: **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the WVWA, its members, officers, volunteers, and clinic instructors and assistants, referred to as RELEASEES, from all liability for loss or damage on account of injury to my person or property or resulting in my death, whether caused by the negligence of Releasees or otherwise, while I am participating in the clinic;

**AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releasees and each of them from any loss, liability, damage, or cost they may incur due to my presence while participating in the clinic, whether caused by the negligence of the Releasees or otherwise; and

**ASSUME RESPONSIBILITY FOR AND RISK** of personal injury, death or property damage due to the negligence of Releasees or otherwise while participating in the clinic.

I expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of WV and that if any portion is held invalid, the balance shall continue in full legal force and effect. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT, and I agree that no oral representations, statements, or inducements apart from this agreement have been made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (for minors) \_\_\_\_\_ Date \_\_\_\_\_

Complete this form and send it with your \$30.00 per student registration fee payable to **WVWA to:**

*Charles Brabec, PO Box 273, Canvas, WV 26662-0273*

Questions? [Send an Email](#)



# 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"/> ) <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 <input type="checkbox"/>	I would like a one-year ACA Membership for: (check & circle one) Individual \$40   Family (2 adults + minors) \$60 <input type="checkbox"/>
I would like a one-year Student Membership for \$25 (under 18, or under 23 with copy of student ID) <input type="checkbox"/>	I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including a <i>Rapid Media</i> magazine) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>

## 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 Releasees, 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 \_\_\_\_\_

Sponsoring Club / Organization \_\_\_\_\_ Activity Date \_\_\_\_\_