

West Virginia Wildwater Association

**Beginner/Novice Clinic Registration Form**

**Clinic Date: May 31, June 1, 2008**

**Locations:**

**Saturday:** Army Camp, New River;

**Sunday:** Upper New river trip

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

Address: \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Special Requests or things your instructor should know: \_\_\_\_\_

Type of boat you will paddle at the clinic: WW Kayak \_\_\_\_\_ WW Canoe \_\_\_\_\_ Other (specify) \_\_\_\_\_

Level of class requested: Beginner \_\_\_\_\_ (Little or no whitewater experience)

Novice \_\_\_\_\_ (Some class 1 and 2 whitewater experience)

1. How long have you been paddling? \_\_\_\_\_
2. What is the toughest river you feel comfortable paddling and at what river level? \_\_\_\_\_
3. What is the toughest river you have paddled in control and what river level? \_\_\_\_\_

**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 beginner/novice clinic and associated river trips, 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, trip coordinators, boat owners, 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 such activities.

**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 activities, 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 WVWA activities.

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 the foregoing agreement have been made.

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

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

**Registration Deadline: May15, 2008**

Complete this form and send it with your \$20.00 per student registration fee payable to WVWA to:

**Susan Sharp, 2407 33rd St, Parkersburg, WV 26104**

**Note:** If you are **not** a current member of WVWA, also include a completed membership application and a check for your dues. Membership forms can be found on the WVWA web site at [www.wvwa.net/memberform.pdf](http://www.wvwa.net/memberform.pdf).

**Questions?** Contact Susan Sharp at 304-485-8673, or email at [susan.sharp@suddenlink.net](mailto:susan.sharp@suddenlink.net)