Healani Canoe Club Membership and Waiver Form 2009

Paddler:_____ Gender: _____ Age: _____ DOB: _____
first middle last

Mailing address:_____
street city state zip code

Email:_____ Occupation:_____

Cell ph:_____ Home ph:_____ Work ph:_____

Paddling Experience:

New Paddler? (circle one) **Yes** **No** Can you swim? (circle one) **Yes** **No**

Healani Member since _____ or Previous Club _____

Highest Classification paddled _____ Last Year paddled _____

If new to Healani, name of Healani member who brought you to the club (if applic.)_____

Emergency Contact and Medical Information:

Contact: _____ Relation: _____ Phone 1: _____ Phone 2: _____

Medical Insurance Provider: _____

Existing health conditions or allergies: _____

_____

I realize that dangers exist in my participation in canoe paddling, training, racing and other club activities. Although I am in good health and able to participate in such activities, I realize that such participation may result in illness or injury due to accidents, the forces of nature, or other causes not foreseeable. Such illness and injury may include disease, strains, sprains, fractures, dislocations, paralysis, and/or death. Possible injuries may cause serious and permanent disability. By my participation in this activity, I hereby knowingly assume the risks and responsibilities arising out of that activity. I also, on behalf of myself, my personal representatives and my heirs, hereby agree to release, hold harmless and indemnify Healani Canoe Club, the Oahu Hawaiian Canoe Racing Association, the Hawaiian Canoe Racing Association, and the American Canoe Association and its agents, officers, and employees from any and all claims and suits for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in canoe paddling, training, racing, and other club activities, whether or not such claims or suits arise from negligent acts by the organizers and conductors of this activity, their employees or volunteers, another participant, any other persons or from any other causes.

I have read the above waiver and release, I understand that I have given up substantial rights by signing it, and I sign it voluntarily.

Paddler Signature:_____ Date: _____ Tank size: _____

Parent Signature:_____
(if paddler under 18 years old)

Registrar Use ONLY:

Paddler ID No.:_____ Dues: _____ BC: _____ Card: _____ Ticket Nos._____