

# Registration Form -- Slippery Rock Training Clinic, June 6 - 7, 2009

Application Deadline: May 16, 2009

Mail this completed form and payment to: **Matt Pascal, 1042 S. Braddock Ave., 2nd Floor, Pittsburgh, PA 15218**  
 Registration confirmation may be obtained by including a stamped, self-addressed envelope with your registration forms.

<b>Membership:</b> Non-members may include a completed Membership Application form and payment. Download from <a href="http://www.threeriverspaddlingclub.com">www.threeriverspaddlingclub.com</a> OR contact Natalie Thomas at 724-935-5482 or <a href="mailto:nthomas1@connecttime.net">nthomas1@connecttime.net</a>	
<b>Camping:</b> Breakneck Campground/Cheeseman Farm, 724-368-3233. <i>Pay camping fee directly to campground.</i> <a href="http://www.breakneckcampground.com">http://www.breakneckcampground.com</a>	
<b>Clinic Registration:</b> <b>Includes instruction plus \$10.00 ACA insurance</b> Number of adult students ____ x \$25.00 per adult student = \$ _____ Number of youth students ____ x \$15.00 per youth student = \$ _____ ACA Member Credit ____ x \$10.00 per ACA Member = \$ _____ <i>*Please list ACA member # on waiver below.</i>	\$ _____ Registration Total
<b>Saturday Dinner:</b> <b>\$13 for age 9 to adult, \$8 for age 8 and under</b> Number of dinners, age 9-adult ____ x \$13.00 per person = \$ _____ Number of dinners, age 8 and under ____ x \$8.00 per child = \$ _____ Number of safety boaters ____ x \$13.00 per person = \$ _____ Number of instructors/assistants ____ free	\$ _____ Dinner Total
<b>Additional Donation:</b> If desired – to help offset the cost of the clinic dinner	\$ _____ Addtl. Donation
<b>Total:</b> Add registration fees, dinner fees and additional donations. Make check payable to “ <b>Three Rivers Paddling Club.</b> ”	\$ _____ <b>TOTAL</b>

**EACH PARTICIPANT must read and sign a separate form:**

## AMERICAN CANOE ASSOCIATION, INC. WAIVER AND RELEASE OF LIABILITY

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 notify the nearest official and discontinue further participation in the Activity.

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 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.

Printed Name of Participant:		Signature of Participant or Adult:	
Address:	City:	State:	ZIP
Date of Birth:	*ACA Number:	Club/Organization: <i>TRPC ACA #038030</i>	
Phone:	Email:		