

Instructor/Assistant Boater Form

Name:		Phone:		Email:	
Safety Gear you are bringing:	Throw bag First aid kit	Other (list)			
Relevant training you have:	Current CPR Current first aid Expired CPR Expired first aid	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		Preferred roll:			
	Sat Sun	Instructor		Assistant	
Preferred student age:		Preferred student skills:			
Adult	Youth	Either	Beginners	Practiced Beginners	Intermediates Advanced
Other comments:					

Registration Form – Slippery Rock Training Clinic, June 4-5, 2011

Application Deadline: May 21, 2011

Name:	
Membership: Non members include a completed Membership Application and payment \$ 10.00 per family. Form is available at www.threeriverspaddlingclub.com All clinic participants must be TRPC members	Membership
Clinic Registration: Number of adult students - \$20.00 per adult student Number of youth students - \$10.00 per youth student	Registration Total
ACA membership required of all participants for insurance. See top of ACA waiver for types Current ACA Members (<i>list ACA member # on waiver</i>) - Free Clinic Instructors (not ACA members) - Free ACA event memberships - \$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 - \$15.00 per person Number of dinners, age 12 and under - \$10.00 per child Number of instructors/assistants - free	Dinner Total
Additional Donation:	
Total: Add registration fees, dinner fees and additional donations. Make check payable to " Three Rivers Paddling Club. "	
Camping: Breakneck Campground/Cheesman Farm, 724-368-3405 http://breakneckcampground.com/ <i>Pay camping fee directly to campground at time of arrival.</i>	Friday Saturday

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

Ralph Minto, Jr.
Slip Clinic
Suite 2025 Two Gateway Center
603 Stanwix Street
Pittsburgh PA 15222
Phone: (412) 201-5525
Fax: (412) 201-5526
SlipClinic@threeriverspaddlingclub.com



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 Slippery Rock Training Clinic

Sponsoring Club / Organization Three Rivers Paddling Club Activity Date June 4-5, 2011