

# CCA Class Registration Form

Please print your name and contact information clearly.

Name: \_\_\_\_\_ Age if under 18: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please enter the class name and date for the class you wish to take. Use a separate form for each student. This is an American Canoe Association sanctioned class led by ACA certified instructors. As such, it requires the completion of an ACA registration form as well as a CCA registration form. ACA provides the insurance coverage for the class. Mail all forms and check to CCA at the address below. Registrations must be received 3 weeks before start of class.*

**Cost for each class is \$20 for non-ACA members, \$5 for ACA members with a current ACA membership number.**

**Class:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Cost:** \$ \_\_\_\_\_

*Additional Voluntary Contribution to Help Support Paddling Instruction:* \$ \_\_\_\_\_

**ACA Membership Number** (if applicable): \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

**Mail reservation forms and check to:**  
Canoe Cruisers Association  
11301 Rockville Pike  
PO Box 2523  
Kensington, MD 20891

## **Canoe Cruisers Association of Greater Washington, DC Release and Waiver of Liability**

1. I declare that I fully understand and voluntarily **assume the following risks**. Boating on whitewater rivers exposes me to various life threatening dangers, known and unknown, for example: boulders or other obstacles, strainers, ledges, undercut or entrapping formations, holes and hydraulics, high water, cold conditions, and changing conditions, mostly in remote locations.
2. Intending to be legally bound for all time, I hereby **release and waive**, for myself, family and heirs, **any right to sue or claim against the Canoe Cruisers Association** (the "Club"), its members, officers, trip coordinators, or any of my fellow paddlers, for any injuries to myself or my equipment which may occur during a club trip or activity. **The release and waiver applies to any negligent act or omission and to any intentional act or omission intended to promote my safety or well-being.** I understand that, generally speaking, negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances, to protect himself or herself, or others, from accident, injury or death.
3. I agree to be **solely responsible for my own safety** and to take every reasonable precaution to provide for my own safety and well-being while participating in a trip or activity sponsored or conducted by the Club. This **release and waiver** is given in the interest of permitting the Club to exist and to serve the paddling community, and to enable myself and my fellow paddlers to feel free to donate our services and help each other without fear of liability. My **release** is given in exchange for similar **wavers** to be granted on my behalf by other members of the Club. My **waver** has no expiration date.

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

**Parents or Guardians of Minors:** I am the parent or guardian of \_\_\_\_\_, and I consent to the terms of this **release and waiver** on behalf of the named minor participant, and I further agree to **indemnify the Club**, its members, officers and trip coordinators for any claims arising from the participation of the named minor participant.

\_\_\_\_\_  
Name of Parent or Guardian:

\_\_\_\_\_  
Signature of Parent or Guardian:

\_\_\_\_\_  
Date:



# 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 <i>Paddler</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 \_\_\_\_\_



# AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All minor 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 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 Paddler 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 MINOR 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 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.

**MINOR PARTICIPANT:** I, THE MINOR PARTICIPANT, 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.

Minor Name (print) \_\_\_\_\_ Minor Date of Birth \_\_\_\_\_ ACA # (if any) \_\_\_\_\_

Minor Street Address \_\_\_\_\_ Minor Phone \_\_\_\_\_

Minor City \_\_\_\_\_ Minor State \_\_\_\_\_ Minor Zip \_\_\_\_\_ Minor Email \_\_\_\_\_

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

**PARENT OR GUARDIAN:** I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian ACA # (if any) \_\_\_\_\_

P/G Street Address \_\_\_\_\_ P/G Phone \_\_\_\_\_

P/G City \_\_\_\_\_ P/G State \_\_\_\_\_ P/G Zip \_\_\_\_\_ P/G Email \_\_\_\_\_

Date \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_

Activity Description \_\_\_\_\_ Sponsoring Org. \_\_\_\_\_ Activity Date \_\_\_\_\_