

Equipment

Students should have their own gear. If a student needs equipment there may be equipment for loan from fellow club members, but not guaranteed.

If you need to borrow gear please check the boxes needed:

Paddler Weight: _____ Height: _____ Shoe Size _____

Boat: _____

Paddle _____

PFD _____ Size S M L XL

Spray Skirt _____ Size S M L XL

Helmet _____ Size S M L XL

Medical

Please list any health problems or special requirements which the instructors need to be aware of in order for you to safely participate in the clinic. Example: Asthma, diabetes, hypoglycemia, physical disability.

Emergency Contact Name _____ Phone _____

MEMBERS MUTUAL AGREEMENT FOR PROTECTION FROM LIABILITY

I, _____ (please print or type name) desiring to join my fellow paddlers in the Viking Canoe Club, do hereby declare that I fully understand and accept the following facts of life on the river:

1. Paddle sports expose participants to various hazards
2. No one, but me, is responsible for judging my qualifications for my safety when I choose to challenge my capabilities by boating on a body of water or section thereof.
3. I may assist my fellow paddlers, to the best of my ability, if they appear to need such assistance but only so long as I can do so, in my judgment, without significant danger to myself. I further understand that this does not imply any legal duty for me to do so, nor for anyone else to render assistance to me.

Now, therefore, intending to be legally bound, I hereby waive, for myself and for anyone else claiming through me, my right to sue the club, its members, trip coordinators, or any of my fellow paddlers for any injuries to my person, or to my equipment, which may occur during or in preparation, for a club outing. This waiver applies to any negligent act, or omission, and to any intentional act intended to promote safety or well-being. This 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 to help each other without fear of liability.

MY WAIVER IS GIVEN FOR SIMILAR WAIVERS TO BE GRANTED ON MY BEHALF BY OTHER MEMBERS OF THE CLUB.
MY WAIVER HAS NO EXPIRATION DATE.

SIGNATURE _____ DATE _____

Parents of minors: I waive the rights above, with the respect to the named minor(s):

Child's/Children's name(s) _____

Parent's Signature _____