

MARIN CANOE & KAYAK CLUB

NEW MEMBER SIGNUP

Please check one:

INDIVIDUAL (\$15/year) _____ or FAMILY (\$25/year) _____

Please print:

Name (and family member names if a family membership):

Address: _____

Phone: _____ Email: _____

Emergency contact name & phone #: _____

Vehicle make, model, year, license #: _____

Model & color of your canoe or kayak: _____

Canoe and kayak experience level (low, medium, extensive): _____

Main interests with joining our club: _____

Please read and sign our attached waiver form – Each person signs a waiver annually.

Fill out a separate waiver for each child under 18; signed by a legal guardian.

Please make a check to Marin Canoe & Kayak Club and mail to:

Marin Canoe & Kayak Club, c/o S. Starkweather, 1545 Monroe St, Santa Rosa CA 95404

Thank you!



RELEASE OF LIABILITY WAIVER

CLUB/ORGANIZATION/EVENT NAME: MARIN CANOE & KAYAK CLUB

Event Date/CLUB Coverage Term : 01/01/2020-01/01/2021

Check here is paddler is a Guest: _____ Participation Date: _____

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from negligence of releasees or others and assume full responsibility to my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation.

If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PADDLESPORT RISK MANAGEMENT, LLC.; AND MARIN CANOE AND KAYAK CLUB, Their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I also acknowledge that photographs and video and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND I understand that videos and photos may be taken by event host I further agree to the release of photographic and video media.

Participant member name (PEASE PRINT): _____

Signature: _____ Date: _____

Address: _____ Phone: _____ Email: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participant Date of Birth (if under 18): _____

Parent/Legal Guardian Name & Address: (PLEASE PRINT) _____

Address: _____

Emergency Contact #: _____ Email: _____

Signature of Parent/Legal Guardian: _____ Date: _____