

TRPC Clinic Registration Form

Slippery Rock Training Clinic, June 4-5, 2016

Application deadline: May 21st, 2016

Name:

All clinic participants must be TRPC members

TRPC Membership: Non members include a completed Membership Application and payment \$10.00 per family. Form is available at: www.threeriverspaddlingclub.org.

	Quantity	Total
Membership (If applicable) @ \$10.00 per family	_____	_____
Clinic Registration		
Number of Adult Students @ \$20.00/student	_____	_____
Number of Youth Students @ \$10.00/student	_____	_____
Clinic Total		
ACA Membership Required of all participants for insurance. See top of ACA waiver for types.		
Current ACA members-free (list ACA member # on waiver)	_____	_____
Clinic Instructors - free (not ACA members)	_____	_____
Event Membership - \$5.00 per person	_____	_____
ACA Introductory memberships - \$15.00 per person	_____	_____
ACA Individual PAC memberships - \$30.00 per person	_____	_____
ACA Family PAC membership - \$40.00 per family	_____	_____
ACA Student membership - \$25.00 per person	_____	_____
ACA Total		
Saturday Dinner		
Number of dinners, age 13-adult, \$17.00 per person	_____	_____
Number of dinners, age 12 and under, \$10.00 per person	_____	_____
Number of Instructors/Assistants - free	_____	_____
Dinner Total		
Donation:		_____
Total: Add registraton fees, ACA fees, dinner fees, and additional donations.		
Grand Total		

Camping : Breakneck Campground/Cheeseman Farm, 724.368.3405, <http://breakneckcampground.com>.
 Pay camping fee directly to campground at time of arrival.

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

TRPC
 PO Box 113453
 Pittsburgh, PA 15241
tpaddlingclub@gmail.com

Three Rivers Paddling Club Instructor / Assistant / Safety Boater Form

Name:	Phone:	e-mail:
Safety Gear that you have in your boat:	Throw Bag Pin Kit First Aid Kit Breakdown Paddle	Other (list):
Relevant First Aid Training you have:	Current CPR Expired CPR Current First Aid Expired First Aid	Safety training and dates include SWR and ACA Training:
List prior TRPC Clinics where you have Instructed (I), Assisted (A), Safety Boated (SB):		
Day you can attend?	Saturday Sunday Both	Preferred Role? Instructor Assistant Safety Boater
Preferred Student Skill Level?	Beginners Practiced Beginners Intermediates Advanced	Preferred Student Age? Adult Youth Either
Preferred Student Skill Level?		Number of years paddling? Average paddling days per month? Most Difficult river-section & class paddled? Preferred boat when leading clinics?
Other Comments:		





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) <input type="checkbox"/> Individual \$30 Family (2 adults + minors) \$40	I would like a one-year ACA Membership for: (check & circle one) <input type="checkbox"/> Individual \$40 Family (2 adults + minors) \$60
I would like a one-year Senior (62+) or 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 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"/>
As a new or renewing ACA member, my <i>Rapid Media</i> magazine choice is:		
<i>Canoeroots</i> <input type="checkbox"/>	<i>Rapid</i> <input type="checkbox"/>	<i>Kayak Angler</i> <input type="checkbox"/>
		Print <input type="checkbox"/> Digital <input type="checkbox"/>
		<i>Adventure Kayak</i> <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 _____