

Membership Application

Coeur d'Alene Canoe and Kayak Club

P.O. Box 3312, Coeur d'Alene, ID 83816

www.cdacanoekayakclub.com

Membership is open to any paddler eighteen years of age or older

NAME: _____ PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

KAYAKING SKILL LEVEL (Circle one): Beginner Intermediate Advanced

ADDITIONAL FAMILY MEMBERS

NAME: _____ PHONE: _____ EMAIL: _____

KAYAKING SKILL LEVEL (Circle one): Beginner Intermediate Advanced

NAME: _____ PHONE: _____ EMAIL: _____

KAYAKING SKILL LEVEL (Circle one): Beginner Intermediate Advanced

ASSUMPTION OF RISK AND RELEASE FORM

Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events, and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize; I might be thrown overboard into cold water; my boat might hit another boat or an obstruction or the shore and the collision might injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun; I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries. I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a member, I agree to assume the risks, release and hold the Coeur d'Alene Canoe and Kayak Club, its members, its advisory councils, its sponsoring organizations, and their employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate. Authorizing signature below acknowledges having read all statements above.

Signature of Member: _____ Date: _____

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