AMERICAN CANOE ASSOCIA All minor participants in ACA-insured activities must be ACA		ACA AMERICA CARGA ASSOCIATION
I am currently an ACA member. My member number appears below. (Check here if renewing with this form □)	I would like a one-year Student Membership for \$25 (Under 18, or under 23 with copy of student ID)	
I would like an ACA Introductory Membership for \$10 (Six month full membership with benefits, including Paddler Magazine)	I would like an ACA Event Membership for \$5	

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 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.

BALANCE, NOTWI	THSTANDING, SHALL CONTINU	E IN FULL FORCE AND	EFFECT.	1110 7101	TELINEIT IO	11225 10 52	171210 1112
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					
RELATED ACTIVIT HEALTH, AND IN I NOT TO SUE, AND DEMANDS, LOSSES NEGLIGENCE OF T DESPITE THIS REL NAMED ABOVE, I	RDIAN: I, THE MINOR'S PARENTES AND THE MINOR'S EXPERIPED PROPER PHYSICAL CONDITION OF AGREET TO INDEMNIFY AND SAS, OR DAMAGES ON THE MINOR THE "RELEASEES" OR OTHERWILEASE, I, THE MINOR, OR ANY WILL INDEMNIFY, SAVE, AND LOSS LIABILITY, DAMAGE, OR (ENCE AND CAPABILIT TO PARTICIPATE IN SU AVE AND HOLD HARML A'S ACCOUNT CAUSED SE, INCLUDING NEGLI ONE ON THE MINOR'S HOLD HARMLESS EA	IES AND BEL JCH ACTIVITY ESS EACH OF OR ALLEGED GENT RESCU BEHALF MAR CH OF THE	IEVE THY. I HEI THE RE TO BE E OPERA KES A C RELEASI	HE MINOR TO REBY RELEAS ELEASEES FRO CAUSED IN V ATIONS AND LAIM AGAINS EES FROM A	D BE QUALIFIED SE, DISCHARGE, OM ALL LIABILIT WHOLE OR IN PAFURTHER AGREST ANY OF THE NY LITIGATION	, IN GOOD COVENANT Y, CLAIMS, RT BY THE E THAT IF, RELEASEES
Parent/Guardian Name (print)				/Guardiar \ # (if any)			
P/G Street Address			·	P/G Phone	e		

MINOR WAIVER REVISED 01/08

Parent / Guardian Signature

Date

Activity Description

P/G State P/G Zip P/G Email P/G Email

Sponsoring Org. _____ Activity Date