Healani Canoe Club

Membership and Waiver Form

Information:						
Paddler:				_Gender:	Age:	DOB:
First Middle Last						
Mailing address:				· · · · · · · · · · · · · · · · · · ·		
Street City Zip Code						
Email:	Occupation: Texting is Ok: YES / NO Home ph: Work ph:					
Cell ph:	Texting is Ok: YE	ES / NO Home	ph:		Work ph:	<u> </u>
Paddling Experience: Can you swim? (circle one) New to Paddling? (circle one) Association paddled for: Last year paddled Emergency Contact and M Contact:	Last club F	Highest C Paddled with (lassificatio (if not Heal	n / Crew pad ani):		
Medical Insurance Provider:		relativ				
Existing health conditions or a						
Coaching: Kanikapila: Registration: Photograph I realize that dangers exist in mam in good health and able to prinjury due to accidents, the forced disease, strains, sprains, fracture permanent disability. By my pararising out of that activity. I also release, hold harmless and independent of the strain and suit which may arise out of my particular such claims or suits arise from any land all claims and suit which may arise out of my particular claims or suits arise from a volunteers, another participant, I have read the above waiver sign it voluntarily.	y:Banquery participate in sues of nature, or ses, dislocation ticipation in thin, on behalf of remnify Healani ation, and the ts for bodily injucipation in cannegligent acts any other personant in the ses of the ses	in canoe pad ich activities, r other cause is, paralysis, s activity, I he myself, my pe Canoe Club, American Ca ury, property oe paddling, by the organic cons or from a	ub Historia ddling, train I realize these not forcest and/or dealereby known ersonal repulation, the Oahu annoe Association, rainers and cannot	in: Equi- ing, racing a nat such part seeable. Suc ath. Possible ringly assum resentatives Hawaiian Ca siation and its vrongful deat cing, and oth onductors of auses.	uipment:	o activities. Although I versult in illness or injury may include cause serious and not responsibilities, hereby agree to Association, the cers, and employees vices or otherwise ities, whether or not their employees or
Paddler Signature:			Date: ₋		Jerse	ey size:
Parent Name:(if paddler under 18 years old) (if pa	nddler under 18 y	vears old)	Parent Sigr	nature:		
Registrar Use ONLY: Paddler ID No.: (Adults only)	Dues:	BC	::	Card:	Ticket	Nos