



VALLEY WIDE KAYAK CLUB

Hemet/San Jacinto

www.valleywidekayakclub.org

Membership Form

(1 Form Per Adult)

NAME: _____ JOIN or RENEWAL DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

CONTACT NAME & NUMBER (IN CASE OF EMERGENCY):

KAYAKING EXPERIENCE: NONE___ BEGINNER___ INTERMEDIATE___ ADVANCED___

DO YOU OWN A KAYAK (not required to join the club): YES___ NO___

HOW DID YOU HEAR ABOUT OUR CLUB? _____

WHAT DO YOU WANT FROM THIS CLUB? _____

MEMBERSHIP FEE: \$36 A YEAR PER INDIVIDUAL/\$50 A YEAR PER FAMILY (all in same residence)

Join between April to September for \$36 (Good until April the following year)

Join between October to March for \$18 (Good until April)

April is renewal month. Mail to Membership Director Diane Boss, 42100 Walters Road, Hemet, CA 92544

Please sign the release of liability on the back side (page 2 if printing off the club's website).

VALLEY WIDE KAYAK CLUB
ACKNOWLEDGEMENT OF SELF-RESPONSIBILITY AND RELEASE OF LIABILITY

I, _____ (print name) understand that kayaking involves significant potential risks to my health, well being, and equipment. I agree to assume these risks in their entirety when participating in Valley Wide Kayak Club events. I also understand that while others may have skills and/or knowledge greater than mine, they are not responsible for my well being. I agree to inform my fellow paddlers of any significant aspects of my physical condition or medical history that might increase the risk to me or others. I give my permission to participants to seek emergency medical treatment for me should I require it during a Valley Wide Kayak Club event. I agree to exercise all necessary caution during Valley Wide Kayak Club event and to exercise my personal judgment in a manner consistent with my skill level, knowledge and experience.

I release all members and/or officers for acts of negligence on my part.

I assume all risks of kayaking.

By signing this form I state that I have read and understand the statements on this release of liability form.

Name (print): _____

Signature: _____

* Parent or Guardian Signature: _____

* Required if person joining is under 18 years of age.