

VALLEY WIDE KAYAK CLUB

www.valleywidekayakclub.org https://www.meetup.com/Valley-Wide-Kayak-Club/ https://www.facebook.com/Valley-Wide-Kayak-Club-287879388284/

> Hemet/San Jacinto 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 CLU	B?
WHAT DO YOU WANT FROM THIS CLU	B?
Join between April to September for \$36 (Go Join between October to March for \$18 (Goo A	d until April) pril is renewal month. vak Club and mail to Dianne Millard, Membership Director,

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 LIABILTY

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: