



MOHAWK CANOE CLUB

2020 MEMBERSHIP APPLICATION

Check one: Membership Renewal New Membership

Name: _____

Family Membership Additions: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) (_____) _____ (CELL) (_____) _____

E-Mail (Print Clearly): _____

If you are a new member, please tell us how you learned of Mohawk Canoe Club (CIRCLE ONE):

- Word of Mouth Mohawk Website Mohawk Facebook Meetup Literature in Retail Store
 Outdoor Show Other (please specify) _____

ANNUAL MEMBERSHIP: For calendar year (January 1 thru December 31)

New membership applications (for first time applicants) received after September 1 will extend through the next calendar year.

Select One: Individual Membership \$22 Family Membership \$30

**Make checks payable to Mohawk Canoe Club
Mail Application and attached Liability Waiver to:**

John Yeager, 30 Dix Lane, Lawrenceville NJ 08648

MEMBERSHIP RENEWAL PAYMENT AND INSURANCE WAIVER DUE JANUARY 1

CLUB STATEMENT OF INDIVIDUAL RESPONSIBILITY

DESIRING TO JOIN MY FELLOW PADDLERS IN THE MOHAWK CANOE CLUB (MCC), DO HEREBY DECLARE THAT I FULLY UNDERSTAND AND ACCEPT THE FOLLOWING FACTS OF LIFE ON THE RIVER:

- Canoeing, kayaking or rafting, particularly on whitewater rivers, exposes participants to various safety hazards.
- No one but me is responsible for my safety when I choose to challenge my capabilities by running a particular river, or a particular rapid, or any other potential hazardous situation.
- I expect to assist my fellow paddlers to the best of my own personal skill and ability if they appear to need such assistance, but only so long as I can do so, in my own judgment, without significant danger to myself. I further understand that this does not imply any LEGAL duty for me to do so, nor for anyone else to render such assistance to me.
- I also understand that the intention and purpose of the attached waiver is applicable to all MCC activities. I agree with and will follow the Mohawk Canoe Club Activity Rules.

THE ATTACHED LIABILITY WAIVER MUST BE SIGNED AND MAILED WITH THIS MEMBERSHIP FORM FOR YOUR MEMBERSHIP TO BE ACTIVE.

Signature: _____ Date: _____

Spouse/Partner Signature: _____

Signature of parent if any applicant is under 18 years of age: _____



Paddlesport
 Risk Management, LLC
KAYAK CANOE OUTRIGGER DRAGON BOAT SUP
 Ph: (631) 269-9696
 Fax: (631) 269-9656
 121 Pulaski Road, Kings Park, NY 11754
 Email: paddlesports@jacka-liquori.com

Member

2020 AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

CLUB NAME: **MOHAWK CANOE CLUB** CLUB Coverage Term: **1/01/2020 – 1/01/2021**

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury and illness from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury and illness does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **PADDLESPORT RISK MANAGEMENT, LLC; MOHAWK CANOE CLUB;** their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, SICKNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE COMPLETE ALL SECTIONS

 (Participant/Member Name: PLEASE PRINT) Address: _____

Signature: _____
 Phone: _____ Date: _____

 (Additional Family Member Names: PLEASE PRINT)
 Signatures: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

Parent/Legal Guardian Name & Address: (PLEASE PRINT) _____

Address: _____ Emergency Contact # _____

Signature of Parent/Legal Guardian: _____ Date: _____

MUST BE INCLUDED WITH MEMBERSHIP APPLICATION