

Adult Division Application Form

Office Use Only
Annual Membership Fees
Individual \$150
Ohana \$175

Date Paid _____
Cash / Check # _____
Collected By: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ M/F: _____ Email: _____

T-shirt size: _____ Surf Short size: _____

We need your help. How can you give back to the club?

- _____ Volunteer your time _____ Donation of supplies/equipment
_____ Monetary donation
_____ Serve on a Committee (Circle one or more):

Membership Committee—This committee is responsible for the recruitment of new members, and the keeper of the paperwork needed in order to race. This committee makes sure each member has signed a current waiver, ID card, and birth certificate in order to race. This committee also prints up the rosters and addendum previous to races.

Fundraising Committee—This committee's obvious function is to raise funds necessary for the advancement of the club. This committee may plan and hold special events, small and large fundraisers, and write grants.

Education Committee—This committee realizes the importance of continuous workshops to educate the paddlers of the club. This committee works closely with the coaching staff to convene workshops.

Grounds and Hale—This committee is responsible for the beautification of the properties of the club. Regular site clean-ups and the responsibility of watering the plants rests on their shoulders.

Canoes and Equipment—This committee takes care of the canoes and the necessary equipment needed throughout the season.

Communications Committee—This committee is responsible for the dissemination of information via the newsletter, website, e-mail, postings, phone calls, and the coconut wireless.

Emergency Contact

Name: _____ Phone(H): _____ Phone(W): _____

Physician: _____ Phone: _____

Medical Concerns, Allergies or Medications: _____

Insurance Co.: _____ ID#: _____

Authorization for Treatment / Travel

In the event that I become ill or injured while engaging in Kihei Canoe Club authorized activities, I hereby consent to and authorize such medical or dental treatment as deemed necessary and agree to pay for such medical or dental costs as incurred.

Print Name

Signature

Date

Kihei Canoe Club Waiver and Release of Liability

In consideration of being allowed to participate in any way in Kihei Canoe Club and its member organizations athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Kihei Canoe Club, its member associations, its affiliated clubs, their respective administrators, directors, agents, coaches, and other volunteers or employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Printed Name _____ Sex F M

Street Address _____ Birthdate _____

City _____ State _____ Zip Code _____

Phone: Home # _____ Work # _____ Cell/Pager # _____

Signature _____ Date _____

**Hawaiian Canoe Racing Association Insurance Program
Adult Waiver and Release of Liability
April 1, 2009 to March 31, 2010**

In consideration of being allowed to participate in any way in Hawaiian Canoe Racing Association and its member organizations' athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such conditions(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risks of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all of the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Hawaiian Canoe Racing Association, its member associations, its affiliated clubs, their respective administrators, directors, agents, coaches, and other volunteers or employees of the organization, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses and damages on account of injury, including death or damage property, caused or alleged to be caused in whole or part by the negligence of the releasees or otherwise.

**THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE,
UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT
AND SIGN IT VOLUNTARILY.**

Print Name: _____ Gender: ___ F ___ M
Street Address: _____ Birthdate: _____
City: _____ State: _____ Zip Code: _____
Phone: Home # _____ Work# _____ Cell/Pager# _____
Signature: _____ **Date:** _____
Canoe Club: _____

In the event of an emergency: Contact Person _____
Home phone # _____ **Cell phone #** _____