

Student Assessment for BWA Beginners Clinic: May 12-13, 2012

Please answer the following questions in terms of the type of boat you intend to use for the clinic. i.e. If you are an expert canoeist, but plan on taking a kayak class, answer for your comfort level in a kayak.

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| <p>Rolling Ability: (check the description that most closely describes your skill level)</p> <p>___ I have a solid combat roll that has been tested on whitewater multiple times.</p> <p>___ I have rolled in moving water before.</p> <p>___ I have a solid pool roll, but have never rolled in moving water.</p> <p>___ I have rolled in a pool, but my roll isn't consistent yet.</p> <p>___ I have worked on a roll, but haven't got it yet.</p> <p>___ What's a roll?</p> | <p>Paddling Ability: (check the description that most closely describes your skill level)</p> <p>___ I feel comfortable paddling class II and III whitewater in my boat.</p> <p>___ I been on whitewater in my boat, but I'm not comfortable yet.</p> <p>___ I feel comfortable on moving water, but not in this boat .</p> <p>___ I feel comfortable in a boat, but not on moving water.</p> <p>___ I feel comfortable in a pool.</p> <p>___ I can barely stay up in a pool.</p> <p>___ I have never been in a boat.</p> | <p>Medical info:</p> <p>___ Diabetes ___ Heart Condition</p> <p>___ Hemophilia ___ Asthma</p> <p>___ Seizure disorder ___ Allergies</p> <p>Specific details: _____</p> <p>_____</p> <p>_____</p> <p>Anything else? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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General Water Skills: (Rate yourself from 1 to 5 in the following areas.)

How well can you swim? (non-swimmer) 1 2 3 4 5 (Captain of swim team)

How athletic are you? (Couch potato) 1 2 3 4 5 (Iron Man competitor)

How well do you handle cold? (Not well) 1 2 3 4 5 (Polar Bear)

What rivers have you paddled and in what kind of boat? _____

How many times have you paddled this year? Please list the dates. _____

Equipment: What equipment do you have and what do you need to rent or borrow?

If need, circle one:

| Have / Need | |
|--|----------------|
| Boat:----- / _____ | S M L XL |
| Paddle:----- / _____ | S M L XL |
| PFD:----- / _____ | S M L XL |
| Helmet:----- / _____ | S M L XL |
| Sprayskirt:----- / _____ | S M L XL |
| Sprayjacket or drytop: ----- / _____ | S M L XL |
| Base layer - upper body:----- / _____ | S M L XL |
| Base layer - lower body:----- / _____ | S M L XL |
| Additional layers: ----- / _____ | S M L XL |
| Booties or other appropriate footwear: ----- / _____ | S M L XL |

NOTE: Borrowed equipment is provided by BWA members and is available on a first-come, first-served basis. You will be responsible for it. The sooner you return your application, the more likely you are to be able to borrow equipment.

Additionally, if you buy gear for the clinic, it should probably be a sprayskirt, a helmet and/or a PFD. If you are planning on boating, you will need this equipment anyway, and it's better to have your own gear that fits you and that you are comfortable with. Plus, there are not as many loaners for these items as there are for cold weather gear.

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| AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM | |
| All minor participants in ACA-insured activities must be ACA members in one of the following categories (choose one): | |
| <input type="checkbox"/> I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>) | <input type="checkbox"/> I would like a one-year Student Membership for \$25 (Under 18, or under 23 with copy of student ID) |
| <input type="checkbox"/> I would like an ACA Introductory Membership for \$15 (Six month membership with benefits, including a Rapid Media magazine) | <input type="checkbox"/> I would like an ACA Event Membership for \$5 (One activity membership, no member benefits) |

AMERICAN CANOE ASSOCIATION MINOR WAIVER & RELEASE OF LIABILITY
READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

MINOR PARTICIPANT: I, THE MINOR PARTICIPANT, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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| Minor Name (print) _____ | Minor Date of Birth _____ | ACA # (if any) _____ |
| Minor Street Address _____ | Minor Phone _____ | |
| Minor City _____ | Minor State _____ | Minor Zip _____ |
| | | Minor Email _____ |
| Date _____ | Minor Signature _____ | |

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESORTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

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| Parent/Guardian Name (print) _____ | Parent/Guardian ACA # (if any) _____ |
| P/G Street Address _____ | P/G Phone _____ |
| P/G City _____ | P/G State _____ |
| | P/G Zip _____ |
| | P/G Email _____ |
| Date _____ | Parent / Guardian Signature _____ |

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| Activity Description _____ | Sponsoring Org. _____ | Activity Date _____ |
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