



**WESTERN SEA KAYAKERS (WSK)
AMERICAN CANOE ASSOCIATION**
Membership Renewal / Application

Membership Fees				
Membership (check one)	<input type="checkbox"/> New or <input type="checkbox"/> Renewal			
Type (check/circle one)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Individual Student (23-)	<input type="checkbox"/> Individual Senior (62+)
Dues (check/circle one)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40
Dues include discounted ACA membership (since WSK is a Paddle America Club) and \$15 WSK membership.				

Make checks payable to **Western Sea Kayakers** and mail to:
Western Sea Kayakers
P.O. Box 1531
Mountain View, CA 94042-1531

*To process your application OR renewal you must submit **ALL** of the following:*

- 1) A completed application*
- 2) Signed waivers for each person listed on the Membership Application
(BOTH ACA AND WSK)*
- 3) The appropriate fees*

Individual or Primary Family Member:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Fax: _____ - _____ - _____ ACA number (if known): _____

Check this box to include ONLY name and email on WSK member list. Leave off other info.

Signature: _____ Date: ____ / ____ / ____

Comments:

Individual Members complete and return pages 1, 3, 4 (WSK waiver) and ACA Adult. Family Members also complete and return page 2, and additional copies of pages 3, 4 (WSK waiver) and ACA Adult (or ACA Minor), as applicable.

Additional Family Members A family membership includes up to two adults and any children in the same household under 18 years of age. Note: Only the Primary Family Member and the Additional Family Member listed first below will have voting privileges.

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

Check this box to include ONLY name and email on WSK member listing. Leave off other info.

Check this box to exclude minor from published WSK member list.

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

Check this box to include ONLY name and email on WSK member listing. Leave off other info.

Check this box to exclude minor from published WSK member list.

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

Check this box to include ONLY name and email on WSK member listing. Leave off other info.

Check this box to exclude minor from published WSK member list.

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

Check this box to include ONLY name and email on WSK member listing. Leave off other info.

Check this box to exclude minor from published WSK member list.

WESTERN SEA KAYAKERS

ASSUMPTION OF RISK, RELEASE AND WAIVER OF ALL CLAIMS, COVENANT NOT TO SUE, INDEMNITY AGAINST CLAIMS, and VALIDITY OF WAIVER

I ACKNOWLEDGE THAT THIS IS A BINDING LEGAL DOCUMENT. BY SIGNING IT I AM WAIVING IMPORTANT LEGAL RIGHTS TO WHICH I MIGHT OTHERWISE BE ENTITLED UNDER THE LAW. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGERS AND RISKS INVOLVED.

1. **DEFINITION OF PARTIES AND ACTIVITIES:** Western Sea Kayakers, its officers, directors, members, employees, agents, contractors, affiliated or related entities or persons, and their respective heirs, successors and assigns, are herein jointly and interchangeably referred to as "WSK". "WSK Activities" referred to herein include (a) participation in any event sponsored, co-sponsored, promoted or advertised by WSK, (b) equipment rental/usage or (c) instruction given by or received from WSK. "I" or "me" refers to the undersigned, my personal representatives, assignees, heirs, successors and assigns, distributees, executors, guardians, legal representatives and next of kin. I understand and acknowledge that WSK is a club of kayakers who get together for activities, including but not limited to canoeing, kayaking and other watersports and outdoor activities, many of which occur in remote places having no medical facilities. It is assumed that WSK Activity participants have the abilities and skills required to protect themselves from harm and that others who might attempt to help them may or may not have the abilities or skills required to do so. WSK makes no warranty as to the abilities or skills required to undertake these activities or as to the risks that may be associated with them.

2. **ASSUMPTION OF RISK:** I am aware that WSK Activities may be dangerous and physically demanding, and that my participation in WSK activities may involve risks, including but not limited to injury, death, and property damage. I further acknowledge that even with reasonable care and instruction, danger and risk are inherent in WSK Activities. Waves, currents, and swells in the bay, ocean, and rivers, wind, weather and wildlife, which are oftentimes unpredictable, expose me to dangers and risks, and there may be nonboating dangers and risks, as well, all of which I fully I acknowledge and accept. I understand that any advice/instruction given by WSK is not intended to increase/alter this assumption of risk in any way. I assume all of the aforementioned risks, including equipment malfunction or failure from design defects, assembly, and/or manufacture as well as all risks arising from negligent/improper equipment use, even if caused by WSK. I agree that I am solely responsible for my own safety and agree to assume all risks, both known and unknown, anticipated and unanticipated.

3. **RELEASE AND WAIVER OF ALL CLAIMS.** In consideration of my participation in WSK Activities, I will not make, and will waive any and all claims, demands, causes of action or lawsuits against WSK for injury, death, damage, and any other liability, even if caused in whole or in part by the negligence or other acts of WSK. I assume full responsibility for risk of injury/death/ property damage arising from my participation in WSK Activities regardless of any WSK negligence, and hold harmless WSK from all actions, claims, or demands that result from/in connection with my participation in WSK Activities. I understand advice or instruction by WSK is not meant to increase or alter this assumption of risk, release and waiver. It is the intention of this Agreement to exempt and release WSK from any and all liability, and/or claims therefor, and to forever bar any right to sue WSK for personal injury, death or property damage, even if caused by WSK's negligence.

4. **COVENANT NOT TO SUE.** I agree never to institute or prosecute any claim, suit or action at law or otherwise against WSK by reason of injury, death or property damage arising from my participation in WSK Activities. Should any lawsuit, action at law, or otherwise be instituted by me in violation of the terms herein, WSK shall be entitled to recover, in addition to any other damages which may incur, reasonable attorneys' fees and costs of defense of such suit or action, including any appeals. Any advice or instruction given by WSK is not intended to increase or alter this covenant not to sue.

5. **VALIDITY OF WAIVER.** This Agreement shall be binding upon me, and my estate, successors and assigns. I understand that if I or anyone on my behalf, should institute any claim for injury, death or property damage or any cause of action for same against WSK arising from my participation in WSK Activities, this Release can and will be used in court and that such agreements have been upheld in courts in similar circumstances. I understand/agree that this document shall be broadly construed in favor of WSK and against me and any ambiguities shall be resolved in favor of WSK.

6. **STATEMENT OF FITNESS.** I understand that certain abilities, skills, physical/mental health and fitness levels are required to reduce canoeing/kayaking dangers and risk. I possess such abilities, skills and fitness. I agree to wear a properly fastened personal flotation device (life jacket) while aboard a boat, or on or in the water, and to wear and/or have in my possession safety equipment appropriate for each activity. I understand canoeing/kayaking should be undertaken only after proper instruction/training and with equipment that is suitable for each intended use. I confirm that WSK provides no such instruction/training in connection with equipment selection, rental, purchase and use. I assume all responsibility for deciding where, when, and with whom to paddle and as to what equipment I am going to utilize. I understand/agree that any equipment provided by WSK is for my exclusive use and I will not allow others to use it while it is entrusted to me.

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18): _____

ADDRESS: _____

EMERGENCY CONTACT NAME & TELEPHONE: _____



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

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 ACA Paddle America Club Membership for: (check & circle one) <input type="checkbox"/> Individual \$30 Family (2 adults + minors) \$40	I would like a one-year ACA Membership for: (check & circle one) <input type="checkbox"/> Individual \$40 Family (2 adults + minors) \$60
I would like a one-year Senior (62+) or 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 <i>Rapid Media</i> magazine) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>
As a new or renewing ACA member, my <i>Rapid Media</i> magazine choice is:		Print <input type="checkbox"/> Digital <input type="checkbox"/>
<i>Canoeroots</i> <input type="checkbox"/>	<i>Rapid</i> <input type="checkbox"/> <i>Kayak Angler</i> <input type="checkbox"/>	<i>Adventure Kayak</i> <input type="checkbox"/>

AMERICAN CANOE ASSOCIATION ADULT 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 the 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.

I 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.

Name (print) _____ Date of Birth _____ ACA # (if any) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date _____ Adult Signature _____

Name / Description of Activity or Event _____

Sponsoring Club / Organization _____ Activity Date _____



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All minor participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

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 <i>Rapid Media</i> magazine)	<input type="checkbox"/>	I would like an ACA Event Membership for \$5 (One activity membership, no member benefits)	<input type="checkbox"/>
As a new or renewing ACA member, my <i>Rapid Media</i> magazine choice is:		Print <input type="checkbox"/>	Digital <input type="checkbox"/>
Canoeroots <input type="checkbox"/>		Rapid <input type="checkbox"/>	Kayak Angler <input type="checkbox"/>
			Adventure Kayak <input type="checkbox"/>

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.

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 PADDLESPO RTS 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.

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 _____

Activity Description _____ Sponsoring Org. _____ Activity Date _____