A/ A		SOCIATION MEMBE ACA members in one of th	_	P FORM wing categories (choose one):				
I am currently an ACA member. My member number appears below. (Check here if renewing with this form □)	Club Membership for	ear ACA Paddle America r: (check & circle one) nily (2 adults + minors) \$40		I would like a one-year ACA Membership for: (check & circle one) 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)		Introductory Membership for nbership with benefits, edia magazine)		I would like an ACA Event Membership for \$5 (one activity membership, no member benefits)				
As a new or renewing ACA member, my Rapid			F	Print D Digital D				
Canoeroots □	Rapid □	Kayak Angler □		Adventure Kayak □				
CWA/AMERICAN CANOE ASSOCIATION <u>ADULT</u> WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING								
	recreation prograi			n Canoe Association, Inc. and Chicago "Activities") I, for myself, my personal				
1. ACKNOWLEDGE, agree, and repr	esent that I unders	stand the nature of r	addle	esports and related activities and that I				

- 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 E	Date of Birth		CA # (if any)	# (if any)	
Street Address						
City		State _		Zip		
Email			Phone			
Date	Adult Signature					
Name / Description of Activity or Event						
Sponsoring Club / Organization	CHICAGO WHITEWATER ASSOCIATION		Activity Date _			

	ERICAN CANOE ASSO			/	ACA
I am currently an ACA member. My member no	CA-insured activities must be A		tne following categorie ne-year Student Membe		And down Europe Authorise
(Check here if renewing with this form □)		(Under 18, or u	nder 23 with copy of stu	ident ID)	
I would like an ACA Introductory Membership 1 (Six month membership with benefits, including			ACA Event Membership tembership, no member		
As a new or renewing ACA member, my Ra Canoeroots □	pid Media magazine choice is: Rapid □	Kayak Angler □	Print □ Di Adventure K	gital □ ′avak □	
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CWA/AMERICAN CA	ANOE ASSOCIATION A READ BEFO	NINOR WAIVER &	RELEASE OF LIA	ADILIT	
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Minor Name (print)		Minor Date of Birth		ACA # (if any)	
Minor Street		OI DII (II	Minor	(II dily)	
Address			Phone		
Minor City	Minor State	Minor Zip	Minor Email		
	Min on Cinnocker	_			
PARENT OR GUARDIAN: I, THE MINOR'S EXPERIENCE PHYSICAL CONDITION TO PARTICIPATE IN SAND SAVE AND HOLD HARMLESS EACH OF ACCOUNT CAUSED OR ALLEGED TO BE CAINEGLIGENT RESCUE OPERATIONS AND FUR WAKES A CLAIM AGAINST ANY OF THE REFROM ANY LITIGATION EXPENSES, ATTORN	PARENT AND/OR LEGAL GL AND CAPABILITIES AND BEL UCH ACTIVITY. I HEREBY RE THE RELEASEES FROM ALL USED IN WHOLE OR IN PART THER AGREE THAT IF, DESP LEASEES NAMED ABOVE, I W	IEVE THE MINOR TO BI LEASE, DISCHARGE, CO LIABILITY, CLAIMS, DE BY THE NEGLIGENCE ITE THIS RELEASE, I, T /ILL INDEMNIFY, SAVE,	THE NATURE OF PA E QUALIFIED, IN GOO DVENANT NOT TO SUE MANDS, LOSSES, OR OF THE "RELEASEES" HE MINOR, OR ANYOI AND HOLD HARMLES	D HEALTH, AND II , AND AGREE TO II DAMAGES ON THI OR OTHERWISE, II NE ON THE MINOR IS EACH OF THE F	N PROPER NDEMNIFY E MINOR'S NCLUDING 'S BEHALF RELEASEES
Parent/Guardian Name (print)		Parent/Gu ACA#			
P/G Street Address			(if any) G Phone		
P/G City			P/G Email		
Date	Parent / Guardian Signa	ature			

MINOR WAIVER

Sponsoring Org. CHICAGO WHITEWATER ASSOCIATION Activity Date

Activity Description