

BHPC Membership Application --SEE WAIVER BELOW

NOTE: BHPC membership no longer includes ACA membership.

Attached waiver(s) **MUST** be submitted for each member (NEW & RENEWED) if you mail in your membership.



NEW MEMBERSHIP	RENEWAL		
Individual Membership - Name _____		Canoe(s)	Kayak(s) (Either/both)
Family Membership – <i>(a waiver must be signed for each family member including minors – see Waiver and Release of Liability for Minors Form)</i>			
(1) Name _____	(3) Name _____	(5) _____	
(2) Name _____	(4) Name _____	(6) _____	

DUES: Individual (\$15/year) or Family (\$20/year) \$ _____

New members receive one (1) complimentary BHPC decal -

Additional decals are \$1.50 each (Qty _____) \$ _____

Total Enclosed \$ _____

Updated 01/2017

Make check payable to BHPC

Mail to: Patricia Fontova - BHPC Treasurer
903 West 18th Ave., Covington, LA 70433

WAIVER AND RELEASE OF LIABILITY

(READ BEFORE SIGNING!)

IN CONSIDERATION of being permitted to participate in any way in the Bayou Haystackers Paddling Club's 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 Bayou Haystackers Paddling Club, their trip leaders, officers, board members, 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.

(ADULT#1) Member Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone (H) (_____) _____ (C) (_____) _____

Email _____ Emergency Contact Name: _____ Phone#: (_____) _____

(ADULT#2) Member Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone (H) (_____) _____ (C) (_____) _____

Email _____ Emergency Contact Name: _____ Phone#: (_____) _____
