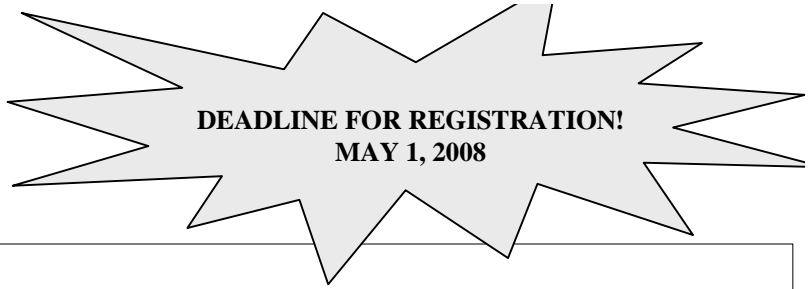


APPLICATION
SELF-RESCUE CLINIC--May 16 - 18, 2008

(Waiver must also be completed)



Personal Information (please print):

Name: _____ Name: _____
(Last) (First) (Last) (First)
Parent or Legal Guardian (if participant is less than 18 years of age):

Address: _____
(Street/P. O. Box) (City) (State) (Zip)

Phone: (____) _____ (____) _____ E-Mail Address: _____
(Home) (Work)

Age: _____ Sex: _____ Emergency Contact: _____ (____) _____
(Name) (Phone #)

Medical conditions we should know about: _____

Experience -- Swimming Ability: (check one) Fair Good Excellent

Boat/Equipment Information: (check one) I will provide my own boat & equipment
 I will need to rent a boat and paddle (you must provide your own PFD)

FEES:

BHPC member (Adult)	\$15.00	_____
BHPC member (Second Adult same household)	\$ 5.00	_____
BHPC member (Children under 12 years of age)	<u>FREE</u>	_____
NON BHPC member	\$65.00	_____
BHPC T-shirt (M) (L) (XL) (XXL)	\$15.00	_____
Total fees (make checks payable to BHPC):	\$	_____

Mail this form and your check to:
BHPC
c/o Ann or Bill Hager
2633 Kleinert Avenue
Baton Rouge, LA 70806

I, _____, desiring to participate in this activity with the BHPC, do hereby declare that I fully understand and accept the following facts of life on any body of water:

- ? Canoeing, kayaking, or rafting on any body of water exposes the participants to various safety hazards.
- ? No one but I am responsible for my safety when I choose to participate in this or any other activity with the BHPC. I understand every effort will be taken to ensure the safety of all participants. I will not do anything to jeopardize my safety or the safety of the other participants and will follow any instruction given me.
- ? I will assist my fellow paddlers to the best of my own personal skill and ability if they appear to need my assistance, but only if so long I can do so, in my own opinion, without significant danger to myself. I further understand that I have no legal duty to assist others, nor does anyone else have a legal duty to render such assistance to me.

I certify that I am in good physical condition, that I can swim and that I have no physical injuries that would prevent me from participating in this activity. I fully understand and agree that, when I participate in canoeing, kayaking, or rafting, there is always that possibility of unknown, uncontrollable danger and accidental or other physical injury and I willingly assume that risk.

Participant Signature Date

Parent or Legal Guardian Signature Date
(If participant is less than 18 years of age)