



BHPC Membership Application -- See Waiver Below

NOTE: BHPC membership includes ACA membership at a discount, which includes Paddler Magazine and club liability insurance. **Attached waiver(s) MUST be submitted for each new member(s) AND all annual renewals for each family member each year. (Waiver is only valid for (1) year).** Those with separate ACA memberships, such as instructors, should contact Scott Peterson, (225) 334-0714, for further information. **DO NOT renew with ACA if you receive a renewal notice in the following years.**

Membership: New Renewal (Check one) Canoe(s) Kayak(s) (Either/both)

Individual Membership - Name _____

Family Membership - (a waiver must be signed for each family member including minors - see Waiver and Release of Liability for Minors Form)

(1) Name _____ (2) Name _____
(3) Name _____ (4) Name _____
(5) Name _____ (6) Name _____

Membership Dues: Individual (\$30.00/year) or Family (\$35.00/year)..... \$ _____
A BHPC decal is issued once to new members only. Additional decals are \$1.50 each() \$ _____
QTY

Gator Tales, the BHPC newsletter, will be sent to you electronically each month unless you specifically request that a hard copy be mailed. The electronic version is longer, in color, and has more images.

Total Enclosed: \$ _____

Please mail the printed version of the newsletter instead of the electronic version. **(Mailed every other month)**

Last Updated 04/26/04

Make check payable to BHPC
Mail to: Scott Peterson - BHPC Membership
1959 Oleander Street
Baton Rouge, LA 70806



AMERICAN CANOE ASSOCIATION - WAIVER AND RELEASE OF LIABILITY

(IMPORTANT - READ BEFORE SIGNING!)

In consideration of being allowed to participate in any way in the American Canoe Association, Inc. athletics/sports program, and related events and activities, the undersigned agrees to the following:

1. Prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the condition of the premises, or of any equipment used. Further, there may be other risks not known or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
4. I release, waive, discharge and covenant not to sue the American Canoe Association, Inc., its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

PLEASE PRINT NEATLY

Participant's Name: _____ Signature: _____ Date: _____
(PLEASE PRINT)
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: ____/____/____ ACA #: _____ Club: Bayou Haystackers Paddling Club Phone (H) (____) _____ - (W) (____) _____ -
Email _____ Emergency Contact -Name: _____ Phone #: (____) _____ - _____

Participant's Name: _____ Signature: _____ Date: _____
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