



HOOLIGAN ENTRY FORM

Registration must be completed prior to unloading craft. The Craft Captain is responsible for all crew members being accounted for at the finish. If you win this fantastic event, the Craft Captain will be responsible for picking up your prize at the announcer's tent.

Captain _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

The Craft Captain is responsible for all crew members and must report to race official at the finish confirming that all crew members are off the river and accounted for at the finish line.

All Crew members and captain should be listed below. List name, birth date and then sign and date on a single line. Each crew member's signature confirms that they have read and agree with the provisions of the wavier on the reverse side of this form. Each crew member born after 6-18-92 must also provide a minor waver form signed by a parent or legal guardian which should be attached to this form. Please read waiver on the reverse side of this form prior to signing.

| Name | Birth Date | Signature & Date |
|---------|------------|------------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |

Registration Fee: \$30.00 per craft due at registration

Cash

Check: Please make check payable to: **FIBArk Boat Races, Inc.**

Credit Card:

Captain has read and understands all rules and is responsible for all and crew members abiding by these rules. The captain accepts responsibility for removing craft and all of its parts from the river and will be responsible for any costs for removal if the craft is not completely removed by the crew at the end of the event.

Captain's Signature: _____



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) Individual \$30 Family (2 adults & minors) \$40 <input type="checkbox"/> | I would like a one-year ACA Membership for: (check & circle one) Individual \$40 Family (2 adults & minors) \$60 <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 \$10 (Six month full membership with benefits, including <i>Paddler</i> Magazine) <input type="checkbox"/> | I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <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 _____