## AHWAGA CANOE AND KAYAK CLUB - TRIP SIGN-UP SHEET AND WAIVER

rio Date:	Coordinator		Waterway:			Mileage:
ut-In:	Take-Out			# of Partipants:		
tules of Conduct: For the son on the pass lead boat or lag	afety of all and the suc behind sweep; (3) alw	tules of Conduct: For the safety of all and the success of the trip (1) Keep group together, stay within sight of boats in front and behind, assist where needed; onot pass lead boat or lag behind sweep; (3) always wear your PFD, properly fastened; (4) no alcoholic beverages allowed; (5) seek help or assistance when	ner, stay within t; (4) no alcoh	n sight of boar	ts in front and t s allowed; (5) s	ithin sight of boats in front and behind, assist where needed; (2) coholic beverages allowed; (5) seek help or assistance when
equiled, (v) practice yood	stewarden p, rease no	ACA ACKC		ACA	ACKC	
CA # Last Name	e First Name	Address	Pnone #	member	Illelliber	Signature
By signing above, I agree to Canoe and Kayak Club trip Can be hazardous and may	subject me to risks of	By signing above, I agree to abide by ACKC rules of conduct; further, that I am III good health, that I am solely responsible for my swin salety on this charge. Canoe and Kayak Club trip; that my skills and equipment are adequate for this trip. I affirm that my participation is voluntary, and that I am aware that our sport can be hazardous and may subject me to risks of injury and/or property damage. I willingly assume these risks.	firm that my p	articipation is hese risks.	voluntary, and	that I am aware that our sport
nstruction to trip coordinator: ees, and event member fees	Retum this form to tripro to: American Canoe As	<u>instruction to trip coordinator:</u> Return this form to tripreports@ahwaga.org within 10 days of trip. Include incident report form if needed. Mail all guest waivers, ACA mebership fees, and event member fees to: American Canoe Association, 108 Hanover St., Fredricksburg, VA 22401. Confirm money sent to the ACA with the club Treasurer,	p. Include incidi rg, VA 22401.	ent report form Confirm mone;	if needed. Mail y sent to the AC/	all guest waivers, ACA mebership A with the club Treasurer,
Total ACA Members:	fembers:	Total Non-ACA participants:	<b>*</b> :		Total event fees:	് ഗ
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Report completed by: (signature) MSC

Date Completed: