

A

# Big Bend Paddlers Harvest Paddle

### October 14, 2023



#### PADDLE REGISTRATION FORM

## A paddle registration form and liability waiver form must be completed for each person paddling.

my narticination in this naddle. I must sign a liability and photo waiver

T	First	Middle Initial				
		Middle Initial	Last			
		Zip:				
		· -				
		Daytime Phone:				
Day of event registered/check	<mark>gistration/check-in begi</mark> ked-in paddlers are to ur	ns at 7:30 a.m. and ends p	h & drinks during for the paddle. bromptly at 8:30 a.m. Once 5 a.m. paddlers will follow a ack to launch location.			
Refunds unless padd		gistration Fees ed due to weather condit	ions or high water level conditions			
ODTION #1. Mob	of the Big Bend Paddlers		Member of the Big Bend Paddlers			
Group & American ( Cash/Check/Money Or PayPal \$3 per person (	der \$2 per person	Cash/Check/N	on-member of ACA Money Order \$12 per person er person (credit/debit cards only)			

PayPal accepted day of event.

\*Make Checks and Money Orders payable to:

**Telfair County Chamber of Commerce** \*Mail or bring registration form and payment to:

Telfair County Chamber of Commerce 9 East Oak St. | McRae-Helena, GA

\*PAYPAL link can be found at http://www.telfairco.org/upcomingpaddles.html

ACA All participants in ACA-insured a	ASSOCIATION MEMBERSHIP FORM ctivities must be ACA members in one of the following tegories (choose one):	I am currently an ACA member. My member number appears below.  (Check here if renewing with this form □)
1-year ACA Individual Membership \$40	1-year ACA Competition Individual \$40 (+\$80 Competition License if applicable)	ACA Event Membership \$ 10 (one activity membership, no member benefits)
As a new or renewing ACA member, my Rapid Med	ia digital magazine choice is:	
	Paddling Magazine □ Kayak Angler □	

## AMERICAN CANOE ASSOCIATION <u>ADULT</u> 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 "RELEASES" 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.

Date of I	Birth	A	ACA # (if any)	
	State _	,	Zip	
Adult Signature				
Big Bend Paddlers Harvest Paddle	,			
Telfair County Chamber of Commerce		Activity Date	October 14,2023	
	Adult SignatureBig Bend Paddlers Harvest Paddle	State State Adult Signature Big Bend Paddlers Harvest Paddle	State Phone Adult Signature Big Bend Paddlers Harvest Paddle	State ZipPhone  Adult Signature Big Bend Paddlers Harvest Paddle

2	AMERICAN CANOE A	SSOCIATIO	N MEMREDSI	JID FORM	
ACA)	All minor participants in ACA-insured activities mus	st be ACA mem			ACA
I am currently	an ACA member. My member number appears be the check here if renewing with this form □)	elow.	1-vear Δ(	A Individual Membership \$40	
1	-year ACA Competition Individual \$40		ACA	Event Membership \$10	
As a new or rener	+\$80 Competition License if applicable) □ wing ACA member, my Rapid Media digital magazine cl	noice is:	(One activity	membership, no member benefits)	
	Paddling Magazir		Kayak Angler 🗆		11
	AMERICAN CANOE ASSOCIATION M	INOR WAIV		SE OF LIABILITY	
IN CONSIDERAT	FION of being permitted to participate in an elated activities ("Activities") I, for myself,	v wav in the	American Can	oe Association, Inc. sports and is s, assigns, heirs, and next of kin	recreation i:
qualified, in g stated and cus to be unsafe,	DGE, agree, and represent that I understa ood health, in proper physical condition to tomary terms and conditions of participatio I will immediately discontinue further part nned, I assume all risks inherent in my decis	participate n. I further a icipation in t	in such Activit	y and willingly agree to comply int that if at any time I believe (	with the
and dangers m condition in w RISKS AND SOC AND ASSUME A	ERSTAND that: (a) Paddlesports and related SERIOUS BODILY INJURY, INCLUDING PERMIAY BE CAUSED BY MY OWN ACTIONS OF INACTION HICK THE NEGLICAL AND ECONOMIC LOSSES EITHER NOT KNOW LL SUCH RISKS AND ALL RESPONSIBILITY FOR minor in the Activity.	MANENT DISA ns, the action GENCE OF TI on to me or n	BILITY, PARALY s or inactions o HE "RELEASEES" ot readily fore:	SIS, AND DEATH ("RISKS"); (b) the of others participating in the Act NAMED BELOW; (c) there may be seeable at this time: and I FULL	hese Risks tivity, the be OTHER Y ACCEPT
affiliated club certified instruparticipants, a (each consider PROPERTY, OF NEGLIGENCE O despite this RE makes a claim	LEASE, DISCHARGE, AND COVENANT NOT T is and organizational affiliates, their responder trainer educators, administrators, director trainer educators, administrators, director trainer educators, and, if applicable and one of the "RELEASEES" herein) FROM R OTHER DAMAGES ON MY ACCOUNT CAUSE THE "RELEASEES" OR OTHERWISE, INCLUDING THE "RELEASEES" OR OTHERWISE, INCLUDING AND WAIVER OF LIABILITY, ASSUMPT against any of the Releasees, I WILL INDEMINSES, attorney fees, loss, liability, damage,	ective ACA ectors, agente, owners and ALL LIABILI SED OR ALL ING NEGLIGE ION OF RISK, INIFY, SAVE.	certified instrus, officers, med lessors of pre TY, CLAIMS, DI EGED TO BE C NT RESCUE OPI AND INDEMNIT AND HOLD HAR	Ictors, certified instructor train mbers, volunteers, and employed insers on which the Activity take EMANDS, LOSSES, INJURIES, DACAUSED IN WHOLE OR IN PARTERATIONS; AND I FURTHER AGRES AGREEMENT I, or anyone on manual series and the REI FASES.	ners, and ees, other kes place, MAGE TO F BY THE EE that if,
AND INTEND IT T	PANT: I, THE MINOR PARTICIPANT, HAVE READ T ANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED TO BE A COMPLETE AND UNCONDITIONAL RELEAS RTION OF THIS AGREEMENT IS HELD TO BE INVAL	IT FREELY AN E OF ALL LIAB	D WITHOUT ANY LITY TO THE GRI	INDUCEMENT OR ASSURANCE OF AN	NY NATURE
Minor Name		M	nor Date	ACA #	
(print) Minor Street			of Birth	(if any) nor	
Address			Pho	one	
Minor City	Minor State	٨	linor Zip	Minor Email	
Date	Minor Sig	gnature			~
ACTIVITIES AND PHYSICAL CONDI' AND SAVE AND I ACCOUNT CAUSE NEGLIGENT RESC MAKES A CLAIM	ARDIAN: I, THE MINOR'S PARENT AND/OR LEG, THE MINOR'S EXPERIENCE AND CAPABILITIES ANI THE MINOR'S EXPERIENCE AND CAPABILITIES ANI TION TO PARTICIPATE IN SUCH ACTIVITY. I HERE HOLD HARMLESS EACH OF THE RELEASES FROM TO OR ALLEGED TO BE CAUSED IN WHOLE OR IN THE OPERATIONS AND FURTHER AGREE THAT IF, AGAINST ANY OF THE RELEASEES NAMED ABOVE ATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY	AL GUARDIAN, D BELIEVE THE BY RELEASE, D A ALL LIABILIT PART BY THE DESPITE THIS E, I WILL INDE	UNDERSTAND TO MINOR TO BE OF ISCHARGE, COVE Y, CLAIMS, DEMA NEGLIGENCE OF RELEASE, I, THE MNIFY, SAVE, AN	UALIFIED, IN GOOD HEALTH, AND NANT NOT TO SUE, AND AGREE TO NOS, LOSSES, OR DAMAGES ON THE "RELEASEES" OR OTHERWISE, I MINOR, OR ANYONE ON THE MINOR	IN PROPER INDEMNIFY HE MINOR'S INCLUDING R'S BEHALF REI FASFES
Parent/Guardian Name (print)			Parent/Guard	lian	
P/G Street Address	5			none	
	P/G State			/G Email	
Activity Description			lfair County Chamber		14 2023

<u>From City of Lumber City:</u> From intersection of Hwy 341 and Burns St. (traffic light), travel south on Hwy 341/Golden Isles Hwy for 1 miles. Just before crossing the bridge, turn right onto landing road.

<u>From City of Hazlehurst:</u> (from Hazlehurst Burger King located at 99 S. Tallahassee St., turn onto right onto E. Jefferson St. Travel .1 miles and turn left S. Cromatie St. Travel .8 miles and turn left onto US 341/E. Jarman St./Golden Isles Hwy. Travel 6.6 miles and immediately after crossing bridge turn left onto landing road.

<u>From Jacksonville:</u> (from Dollar General located at 6 E. Dogwood Dr. SE,) turn travel East on GA 117 S/E. River Road for 20 miles. At traffic light turn right onto Hwy 341/Golden Isles Hwy. Travel Hwy 341/Golden Isles Hwy South for 1 mile. Just before crossing the bridge, turn right onto landing road.

<u>From McRae-Helena</u>: From the intersection of Hwy341/Oak St and Hwy 441/Third Ave travel south on Hwy 341/Golden Isles Parkway/Oak Street for 17.6 miles. Just before crossing the bridge, turn right onto landing road.