

**Lewis County Chamber of Commerce**

**7383-C Utica Blvd.**

**Lowville, NY 13367**

**315-376-2213**

**www.lewiscountychamber.org**

**Event** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**RELEASE OF LIABILITY**

By signing below, I acknowledge that all activities sponsored by the Lewis County Chamber of Commerce (LCCC) may be hazardous and may result in loss, damage, or death.

With full knowledge of these dangers, I hereby agree for myself, all of my family and heirs, to RELEASE the LCCC and any of its employees, members, trip leaders, chapters, groups, representatives or agents FOR liability, claims, demands or any causes of action, and NOT TO SUE OR OTHERWISE MAKE ANY CLAIM against the LCCC or any of its chapters, groups, representatives or agents whatsoever which may arise during my participation in any activities of the LCCC.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM NEGLIGENCE of the LCCC or any of its agents, lenders, instructors, guides, officers, directors or representatives. I understand that negligence means a failure to do an act which a reasonable careful person would do, or the doing of an act, which a reasonable careful person would not do, under the same or similar circumstance, to protect himself, herself or others from injury or death.

I assume full responsibility for any personal injuries, including injuries resulting in death, which might occur as the result of negligence or lack of care of LCCC, its employees, members, chapter, trip leaders, groups, representatives or agents.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities of the Lewis County Chamber of Commerce.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:  
I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor and give my consent to the participation of the above named minor in all activities of the Lewis County Chamber of Commerce on the terms stated.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



# 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 Magazine</i> ) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input checked="" 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 NEGLIGENCE 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 \_\_\_\_\_