Comox Valley Canoe Racing Club

I am aware of the risks involved in canoeing and kayaking, and agree not to hold the Comox Valley Canoe Racing Club or any of its officers or members responsible for any injury, property damage, or harm I or any member of my family may suffer while paddling or attending races, clinics, or other events or activities sponsored or sanctioned by the club. I will read and sign the waiver and directives on the reverse of this form.

Parent or guardian must sign for any paddler under 18 years of age.

Individual Mer	nbership: \$20			
Associate:				
Junior:				
Total:				
Club fee				
Date paid:	Cash:	Cheque: #	Receipt: #	

CORA fee \$25 per year. Please complete the CORA form. You can pay with either a combined cheque to the club or separate cheques made out to the club and CORA.

Comox Valley Canoe Racing Club PFD Directive

If you cannot swim for 200 yards (183 metres) and tread water for 20 minutes, you are required to wear a PFD at all times when paddling in club canoes and during club activities.

Comox Valley Canoe Racing Club Medical Condition Awarene	ness Directive
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-	ve any medical conditions that may list them here and make them know		
	ater Conditions and Club Safety	Waiver:	
Athletes	over 18 years of age		
conditions do so at n	aware and understand the risks involves. I understand that if I paddle without own risk and I assume all responsibile not wearing my PFD, my safety	ut wearing a Government approved ibility for my actions. I understand	
above Co I hereby r directors a property of kin may s	se, I agree to comply with all applications Valley Canoe Racing Club PFI release Comox Valley Canoe Racing and all related persons, groups and a damage, expense and related loss, in uffer as a result of my choice to not with medical conditions.	O and Medical Awareness directives Club, its coaching staff, volunteers, ssociations, from any personal injur- cluding loss of income that I or my to	s. y, next of
Date	Athlete (printed name)	Athlete signature	
Date	Witness (printed name)	Witness signature	
Date	Parent or Guardian if under 18	years old.	