

**USA Canoe/Kayak**  
**Individual & Family Membership Application**  
www.USACK.org

**USACK # (if renewal):** \_\_\_\_\_

|                                      |  |                                 |   |
|--------------------------------------|--|---------------------------------|---|
| First Name: _____                    |  | MI: ____ Last Name: _____       |   |
| Address: _____                       |  |                                 |   |
| City: _____                          |  | State: _____                    | Zip: _____  |
| E-Mail Address: _____                |  |                                 |   |
| Home #: _____                        |  | Work #: _____                   | Fax#: _____   |
| Birth Date: _____                    |  | Sex: <input type="checkbox"/> M | <input type="checkbox"/> F  |
| Club/Organization Affiliation: _____ |  |                                 | Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Membership Type:**

- |  |   |
|--|---|
| <input type="checkbox"/> Gold – Lifetime Membership (\$500)  | _____ USACK Donation                          |
| <input type="checkbox"/> Silver – Adult 3 Years (\$145)  | <input type="checkbox"/> General Support      |
| <input type="checkbox"/> Bronze – Adult Annual (\$55)  | <input type="checkbox"/> Waterkeeper Alliance |
| <input type="checkbox"/> Junior Annual (\$25) *Under 18 years of age   | <input type="checkbox"/> Discipline: _____    |
| <input type="checkbox"/> Family Annual (\$115) *Max 2 adults per household<br>(Adults are considered 18 years of age or older at time of renewal.) |   |

**TOTAL:** \_\_\_\_\_

**Payment Method**

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Check (made payable to USA Canoe/Kayak) | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> VISA/MasterCard                         | <input type="checkbox"/> Cash        |
| <input type="checkbox"/> American Express                        |                                      |
| <input type="checkbox"/> Discover                                |                                      |
| Name on Card: _____  | Expiration Date: _____               |
| Credit Card #: _____   | Total to be Charged: _____           |

**Primary Area of Interest(s)**

Please circle ONE primary area of interest and check all other areas of interest.  
Your circled area will determine which discipline you may vote (for adult members).

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Flatwater Sprint | <input type="checkbox"/> Whitewater Slalom | <input type="checkbox"/> Canoe/Kayak Polo |
| <input type="checkbox"/> Marathon         | <input type="checkbox"/> Wildwater         | <input type="checkbox"/> Canoe Sailing    |
| <input type="checkbox"/> Outrigger        | <input type="checkbox"/> Rodeo             | <input type="checkbox"/> Dragonboat       |

**Classification (Check All That Apply)**

- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Athlete       | <input type="checkbox"/> Official           | <input type="checkbox"/> Coach     | <input type="checkbox"/> Race Organizer |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Club Administrator | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Donor          |

**\*Committee Members\***

- |                                |   |   |  |
|--------------------------------|---|---|--|
| <input type="checkbox"/> SRC   | <input type="checkbox"/> NWSC           | <input type="checkbox"/> Election             | <input type="checkbox"/> Non/Olympic Executive |
| <input type="checkbox"/> Bylaw | <input type="checkbox"/> Finance/Budget | <input type="checkbox"/> Membership grievance |  |

The Waterkeeper Alliance protects and preserves America's waterways through the support of its member organizations who promote water quality and protection worldwide by acting as a public advocate on issues that other Waterkeeper programs hold in common.

USA Canoe/Kayak supports this mission and will partner with Waterkeeper Alliance to promote clean water and its importance to America's athletes.

**Membership Application & Waiver Must Be Complete For Processing!**

Please return completed forms to:

**USACK 301 South Tryon Street, Suite 1750 Charlotte, North Carolina 28282 Fax #: (704) 348-4418**

**USA CANOE/KAYAK  
WAIVER AND RELEASE OF LIABILITY  
READ BEFORE SIGNING**

IN CONSIDERATION of being permitted to participate in any way in the National Paddling Committee, Inc. dba USA Canoe/Kayak 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 notify the nearest official and discontinue further participation in the Activity.

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 National Paddling Committee, Inc. dba USA Canoe/Kayak, its affiliated clubs, their respective 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.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH: \_\_\_\_\_ USACK #: \_\_\_\_\_ CLUB/ORGANIZATION: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

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**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPO RTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

DATE: \_\_\_\_\_