



HACKENSACK RIVER CANOE & KAYAK CLUB, INC.

c/o Jim McLoone
 37 Westview Drive
 Bergenfield, NJ 07621-3348
 www.hrckc.org

Individual Membership Application & Renewal

(Please print clearly; otherwise your membership may not be processed properly)

Annual Dues –	\$15.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>		Please Check One:	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal
Individual –	Family -					
Check _____ if you wish to pay via cash or check at a club meeting.	Check _____ if you wish to pay via check using USMAIL sent to the address above.	Check ____ if you wish to pay via PayPal. You will receive a PayPal invoice within a few days. You may then choose to pay via a PayPal account; or by using a credit card without creating an account.				
Primary Member Full Name	Name			Email		
Street Address						
City, State, Zip						
Phone	Home				Cell	
Additional Adult Member Full Name				Email		Cell
Minor Member 1 Full Name						DOB:
Minor Member 2 Full Name						DOB:
Minor Member 3 Full Name						DOB:
Minor Member 4 Full Name						DOB:
Minor Member 5 Full Name						DOB:
<input type="checkbox"/> Check here if you do NOT want your contact information listed in the on-line membership directory.						

Note: Those under 18 years of age must join & participate as part of a family membership.

Release of Liability

As a condition of the Hackensack River Canoe & Kayak Club's (HRCKC) acceptance of my application, I hereby state that I understand that canoeing, kayaking, hiking and other outdoor and indoor activities typically sponsored by the HRCKC involve certain dangers and risks, which I am prepared to assume for myself, and all listed family members. I agree to waive all claims which I, or any member of my family, or heirs, executors or assigns may have against the HRCKC or its agents, trustees, officers, directors, trip coordinators or participants for property loss, damages, injuries or death sustained as a result of participating in a HRCKC activity. I further understand and agree that I must; (1) become familiar with the "Guidelines for Trip Participants" which are published and periodically updated on the HRCKC website and in print and (2) further sign the "Liability Waiver for Club Trips and Activities" presented before participating in each individual trip or activity. This Release and other Waivers I expect to give are given in the interest of permitting the HRCKC to exist and serve the paddling community and to enable my fellow paddlers and me to participate and help each other freely without fear of liability. This release is given in exchange for membership and similar releases and waivers granted on my behalf by other members of the HRCKC. This Release has no expiration date.

Signature: _____ Date: _____

Signature: _____ Date: _____

The liability waiver must be signed by individual members & BOTH ADULTS in a family membership.

Our insurance carrier also requires completion one waiver found below for each person.



CLUB NAME: Hackensack River Canoe & Kayak Club
Member Guest(circle one)
CLUB COVERAGE START DATE: 02/11/2018 - 02/11/2019

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **PADDLESPORT RISK MANAGEMENT, LLC**; Hackensack River Canoe & Kayak Club, **Central Unitarian Church** ; their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE COMPLETE ALL SECTIONS

 (Participant/Member Name: PLEASE PRINT) Address: _____
 Signature: _____ Phone: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

Parent/Legal Guardian Name & Address: (PLEASE PRINT) _____
 Address: _____ Emergency Contact # _____

Signature of Parent/Legal Guardian: _____ Date: _____