



Individual Membership Application — \$25

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Please complete the waiver on the next page and include with your application and check.

Please make your check or money order for **\$25** payable to **Explore North Coast** and mail with this form to:

Explore North Coast
PO Box 4712
Arcata, CA 95518

Explore North Coast is an association of paddlers that holds regular paddling events, promotes paddling safety and education and encourages stewardship of, and improvements to, bay and coastal access on the North Coast.

www.explorenorthcoast.net



**EXPLORE NORTH COAST
2025**

PARTICIPANT RELEASE OF LIABILITY WAIVER

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 or illness 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 or illness does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S 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 I observe any unusual or significant hazard during my presence or participation I will remove myself from the activity and bring such hazard to the attention of the nearest coach or team leader immediately. I verify that I will only participate in club activities, on and off water, while in good physical and mental health and that I will not consume any mind altering drugs or alcohol prior to or during club activities that may impede my ability to participate putting myself or others at risk. I will inform the coach or team leader at the beginning of any on water activity if I am not feeling well or have a medical condition and remove myself from the activity.

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; EXPLORE NORTH COAST** ; 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 and equipment used to conduct club activities ("RELEASEE'S"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S OR OTHERWISE.

I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this club activity, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this club activity , and in the promotion of the club, 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.

COMPLETE ALL SECTIONS

CHECK ONE: **CLUB MEMBER** **GUEST PADDLER** **Guest Participation Date:** _____

_____	Address: _____
(Participant Name: PLEASE PRINT)	_____
Email Address: _____	Emergency Contact Name: _____
Phone: _____	Phone: _____
Signature: _____	Date: _____

FOR PARTICIPANTS OF MINOR 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 Releasee's, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's 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 RELEASEE'S, 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) _____ Minor DOB: _____
Address: _____ Emergency Contact # _____
Signature of Parent/Legal Guardian: _____ Date: _____