You're invited to join Long Island's Largest Volunteer-Run Kayaking Club

Long Island Paddlers, Inc.
New York
Since 1973
www.lipaddlers.org

We are a supportive community of Kayaking & Outdoor Adventure Enthusiasts
Experiencing the best of Long Island fresh water & sea kayaking

Weekly Small-Group Day Trips Guided by Experienced Club Members
Organized Excursions to the Adirondacks and Neighboring States
Social Kayak Picnics & Annual Holiday Gathering
Monthly Presentations with Guest Speakers
Skill-Building & Safety Clinics, Buddy Program for Beginners
Online Resource Library, Member Forum, Classifieds & much more...

Making memories & friendships for a lifetime!

www.lipaddlers.org
ANNUAL RENEWAL / NEW MEMBER WAIVER OF LIABILITY

(PLEASE NOTE)
Everyone, including Life Members, must fill out both pages completely each year.

PRINT MEMBER NAME (S) ________________________________________________________

PRINT MEMBER NAME (S) ________________________________________________________

EMAIL ____________________________________________________________________________

I AM A NEW MEMBER (Y / N) _____________

☐ I / WE ARE ADDING AN ADDITIONAL VOLUNTARY $5.00 DONATION FOR THE RAY SMITH MEMORIAL SCHOLARSHIP FUND, WHICH HELPS PAY FOR TRAINING FOR OUR CLUB MEMBERS

DUES (expire January 1, 2023) Individual $25.00

Family $40.00 (Under 18 Included)

Full Time Student $10.00 (Free Under Family Membership)

Active Military – Free Family Membership

Dues include your online subscription to Blazing Paddles, Skills Days, short notices, club trips, and access to the members-only sections of LIPaddlers.org. Mail check payable to Long Island Paddlers, Inc. with both pages of your completed application to: Debbi Gallucci, address is 65 Greenleaf Road, Rocky Point, NY 11778.
AMATEUR ATHLETIC RELEASE OF LIABILITY WAIVER
01/01/22 - 12/31/2022

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 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 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; LONG ISLAND PADDLERS, TOWN OF HUNTINGTON; 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 club activities or special events (“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 club activity or race, and/or 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

________________________________________    Address:______________________________________________(Participant Name: ____________________________)

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 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)  ______________________________________________________________________  Minor age: ____________

Address: ______________________________________________________________________  Emergency Contact # ____________________________

Signature of Parent/Legal Guardian: ____________________________  Date: ____________________________