

CANOE CLUB OF GREATER HARRISBURG MEMBERSHIP APPLICATION

Please Print Legibly and Complete All Fields Even If They Haven't Changed!!

Dues are \$20.00 per household per year.

Make check payable to "CCGH" and mail to:

Canoe Club of Greater Harrisburg

P.O. Box 60681

Harrisburg, PA 17106

Attn: Membership

Check all that apply:

New Member If you do NOT want your contact information included in member publications, check here:

Renewal If you do NOT want to receive the CCGH newsletter **Streamlines** via email, check here:

Name: _____

Home Phone: _____ Work Phone: _____

Spouse's Name (optional): _____

Other Names (optional): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

RELEASE AND WAIVER OF LIABILITY:

In choosing to participate in CCGH activities I declare that I fully understand and accept responsibility for the risks I may be exposing myself to. I agree to be solely responsible for my own safety, and to take every reasonable precaution for my own safety and well-being while participating in a trip or activity sponsored by The Canoe Club of Greater Harrisburg.

I hereby recognize The Canoe Club of Greater Harrisburg as a group of persons who have voluntarily organized themselves to participate in and enjoy activities relating to canoeing, kayaking, camping, and other outdoor activities. I hereby release, discharge, and waive, for myself, family and heirs, The Canoe Club of Greater Harrisburg and each and every one of its members from any and all liability for loss, damage or injury I may suffer or sustain as a result of any of the activities of The Canoe Club of Greater Harrisburg. The release and waiver applies to any negligent act or omission and to any intentional act or omission intended to promote my safety or well-being. I understand that, generally speaking, negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same circumstances, to protect him or herself, or others, from accident, injury or death. By signing below, I hereby affirm that I have read this release, that I understand this release, and that I agree with the contents and intent of this release. This release and waiver has no expiration date.

Signature Date Signature of other family 18 or older Date

Parents or Guardians of Minors: I am the parent or guardian, and I consent to the terms of this release and waiver on behalf of the named minor participant(s), and I further agree to indemnify CCGH, its members, officers, chairpersons, and trip coordinators for any claims arising from the participation of the named minor participant(s).

Name(s) of Minor(s): _____ Date _____

Signature of Parent/Guardian _____ Relationship _____ Date _____

For more information contact: Dyan Yingst (Membership Chair) at membership@ccghpa.com.