



KOLOA OUTRIGGER CANOE CLUB

READ CAREFULLY

This is a waiver and release of liability

I realize that danger exists in my participation in Koloa Outrigger Canoe paddling activity.

Although I am in good health and able to participate in such activities, I realize that such participation may result in illness or injury due to accidents, the forces of nature, or other causes not foreseeable. Such illness and injury may include disease, strains, sprains, fractures, dislocations, paralysis, and/or death. Possible injuries may cause serious and permanent disability. By my participation in this activity, I hereby knowingly assume the risks arising out of this activity.

I also, on behalf of myself, my personal representatives and my heirs, hereby agree to release, hold harmless and indemnify KOLOA OUTRIGGER CANOE CLUB and its agents, officers and employees from any and all claims and suits for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in Hawaiian Outrigger Canoeing, whether or not such claims or suits arise from negligent acts by the organizers and conductors of this activity, their employees or volunteers, another participant, any other person or from any other cause.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

NAME: _____

SIGNATURE: _____

AGE: _____

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF LESS THAN 18 YEARS OLD:



Koloa Outrigger Canoe Club

Old Koloa Landing-Poipu Beach and Waita Reservoir

South Shore - Kauai Membership Fees

Annual Dues: January through October

Minors (10-17) \$50

2nd child same family (10-17) \$30

Adults: \$130

Ohana Discount: \$250 (family of 4)

Senior Discount: (55+) \$100

Supporter: \$25.00

Please submit payment by cash or check payable to: Koloa Outrigger Canoe Club.

Also a colored copy of your Driver License or Birth Certificate (child only).

Please put cash/check and proof of age in envelope. Items must be received before 1st race regatta of the season or child/adult will not be able to race.

Name: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

BusinessPhone: _____

Date of Birth Paddler: _____

Allergies: _____

Emergency Contact: Name: _____

Address: _____

Phone: _____ Relationship: _____

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Payment received date: _____ Amount: _____

Check# _____ Cash _____ HCRA Waiver _____ D/L _____ B/C _____ State ID _____ Koloa Waiver _____