

Ohio River Foundation
Great Ohio River Paddle 2006

4-day Through-Paddler Registration Form

This form and liability release forms filled out completely, signed, and mailed with full payment to:
Ohio River Foundation, P.O. Box 42460, Cincinnati, OH 45242

Discount registration deadlines are June 1st and August 1st (see below for details)!

No registrations will be accepted after September 1st.

Participant Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

Date of Birth: _____

American Canoe Association Member? Yes No Number: _____

Boat Information (*boats recommended for through-paddling should be 12 feet long or longer single and two-person kayaks, and 14 feet long or longer two-person canoes*):

Kayak Canoe Specify make/model/length/colors/construction/single or double:

If paddling double, please list name of partner here. **Partner must also fill out a registration form:** _____

Paddling experience : Please check one or more of the following

I have had experience paddling on moving water in the last 2 years. I am comfortable with the risks associated with this type of paddling.

I have taken instruction in paddling in river currents, rescue, etc., in the last 5 years.

I have gone on a previous GORP trip (circle one: 1-day, weekend, through-paddle)

I do not have the above listed experience but will take instruction in preparation for GORP.

All participants who have not checked at least one of the above *must* take this type of instruction in order to participate in GORP.

I am a youth/minor who will be paddling with an adult and meet the special youth/minor requirements.

Please advise us of your maximum mileage per day and number of consecutive days on water):

Camping experience (please note number of years camping, locations camped and maximum number of consecutive days out):

Please list any dietary concerns/allergies:

Food Preference: _____ Meat _____ Vegetarian

Medical Caregiver, Conditions, Medications & Usage

Physician Name _____

Physician Phone: _____

Do you have any medical condition(s) which may affect your ability to participate in this trip?

____ Yes ____ No

If yes, please describe _____

Are you taking any medications that you will be bringing on the trip? ____ Yes ____ No

If yes, please provide the name(s) of all medications, the required dosage(mg) and frequency of use. _____

Do you have any known allergies? ____ Yes ____ No

If yes, do you carry medication for the allergy (i.e., epi-pen for bee sting, etc.)? Please list

Do you have any allergies to medications, over the counter or otherwise? ____ Yes ____ No

If yes, please list: _____

____ I'll need a ride on the return paddler shuttle (van ride to point of origin, no extra cost)

____ I want to pay extra for transport of my gear and boat back to Maysville: \$40

Confirmation will be sent to you via email or regular mail. How would you like this information sent to you? _ mail _ email.

How did you hear about GORP? _____

Please check each applicable item:

_____ GORP Registration: \$200

_____ ORF member: \$15 discount

_____ March 1-May 31: \$150

_____ June 1- August 1: \$175

_____ Gear and Boat Shuttle: \$40

Because I value the work of Ohio River Foundation,
here's an additional contribution: \$ _____

Total \$ _____

Make checks payable to "Ohio River Foundation"

OR

Please charge my credit card ___ Visa ___ MasterCard

Acct#: _____ Exp.

Date _____ Signature _____

Important Information

No e-mail registrations will be accepted. No Registrations will be accepted after September 1.

Cautions

The Great Ohio River Paddle is not without risk. The Ohio River is commercially navigable for the entire length of our trip. At locks and dams, depending upon issues of time and safety, we will either lock through or portage around (FYI - In all GORPs we have locked through). Commercial ships and tug and barge combinations will be sharing the river with us, along with numerous large pleasure craft and they all have the right of way. We will avoid the shipping channel at all times, except for scheduled channel crossings. Paddlers should be prepared to handle the wakes created by these vessels.

Liability

Liability releases must be signed by each participant. While we are very safety conscious, we cannot control the weather or other conditions and events. Risks cannot be eliminated without jeopardizing the essential qualities of the event. You must be willing to assume responsibility for your participation in the event. The liability release forms, included with this packet, must be signed and return with your registration.

ORF reserves the right to accept or reject any paddler's registration for any reason.

Cancellation Policy

Refunds, less a \$50 processing fee, will be issued to those who submit a written cancellation by August 15, 2006. From August 15 to August 30, cancellations for medical reasons only will be accepted with a letter from a licensed physician, less a \$75 fee. NO refunds will be granted after August 30th, 2006 for any reason.

I have read and understand the content and intent of this form. The statements regarding my medical condition are true and correct to the best of my knowledge.

Signature _____

Date: _____

Signature of Parent or Guardian

(if participant is younger than 17 years old) _____

Date: _____

Ohio River Foundation
WAIVER OF CLAIMS AND RELEASE OF LIABILITY
Great Ohio River Paddle 2006

One waiver form per person – Please make copies for additional persons

As a condition for participation in GORP 2006 conducted by the Ohio River Foundation, and cooperating sponsors and agencies, I understand, acknowledge and certify the following:

1) I have adequate physical and mental health for this event, have truthfully and completely filled out the medical information pages, and authorize the leaders and organizers of this trip to obtain emergency medical treatment for me if necessary.

2) I understand that this event is comparable to sea kayaking and is, thus, a high-risk activity and I am willing to assume responsibility for my participation in the event. Furthermore, kayaking, canoeing, hiking, swimming, camping and riding in vehicles are activities that involve inherent hazards associated with the dynamic and unpredictable environment. Participants can be injured walking or climbing along the shore, getting into or out of boats, and while paddling. I recognize that all hazards cannot be foreseen or controlled and this is not an exclusive or exhaustive list of possible ways to become injured. My participation may result in physical injury, or even death. The Ohio River Foundation does not have control of all the risks involved.

3) I understand that these inherent risks may result from forces of nature, equipment failure, gross negligence, and willful and intentional misconduct or insufficiencies of the participants or leaders.

4) By my participation in these activities I hereby assume all risks and dangers and all responsibility for any physical injury, permanent disability, or economic losses that I might incur.

5) On behalf of myself, my personal representatives, my heirs and relatives, and my and their attorneys, I voluntarily agree to release, waive, discharge, hold harmless, and covenant not to sue the Ohio River Foundation, its owners or employees, contractors, volunteers, cooperating sponsors and agencies, other participants, and owners and lessors of premises used to conduct the event (all of these entities are hereafter referred to as "releasees") from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, etc., even if caused or alleged to be caused by gross negligence and willful and intentional misconduct on the part of the Ohio River Foundation, participants or other releasees.

6) I hereby give permission for my photo to be taken during activities on GORP 2006 and for the Ohio River Foundation, and cooperating sponsors and agencies to use said photographs in commercial or non-commercial publicity.

I HAVE HAD ADEQUATE TIME TO READ AND HAVE READ THE ABOVE WAIVER, AND RELEASE AND ASSUMPTION OF RISK AGREEMENT AND BY VOLUNTARILY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE OHIO RIVER FOUNDATION AND ALL OTHER RELEASEES, INCLUDING COOPERATING SPONSORS AND AGENCIES AND PARTICIPANTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH BY GROSS NEGLIGENCE AND WILLFUL AND INTENTIONAL MISCONDUCT OR OTHER CAUSE.

Participant Name (please print) Participant

Signature Date

Signature of parent/guardian Witness
(if participant is under 18)

Signature Date