

Ohio River Foundation
Great Ohio River Paddle 2005

14-day and 7-day Through Paddler Registration Form

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

Registration deadline is May 31st -- register by March 31st for a 10% discount!

Check applicable trip length:

_____ 14-day _____ 7-day (June 19-25) _____ 7-day (June 26-July 2)
_____ I'll need a ride on the return shuttle (van ride to point of origin, no extra cost)

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 ACA Number: _____

Boat Information (*boats recommended for through-paddling should be 15 feet long or longer single and two-person kayaks, and 16 feet long or longer two-person covered or float bag equipped 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:** _____

Describe your paddling experience (please note number of years paddling, locations paddled, maximum mileage per day and number of consecutive days on water):

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

Please list any dietary concerns or whether you would prefer vegetarian meals:

Electronic Equipment

Will you be bringing any of the following?

Cell Phone: Yes No If yes, please provide the number:

VHF Radio: Yes No If yes, what is the power output? _____

GPS Receiver Yes No

Do you have any current Medical or Safety Training (EMT certification, nurse, etc.)? Yes No

If so, would you be willing to volunteer your services in the event they are needed? Yes No

Medical Caregiver, Conditions, Medications & Usage

Physician Name _____
Physician Day Phone: _____ Physician Cell 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: _____

Confirmation will be sent to you with a packet of detailed information regarding campsite location, daily plans, safety requirements. How would you like this information sent to you? _ mail _ fax _ email.

How did you hear about GORP? _____

For help with this form or for more information send email to: gorp@ohioriverfdn.org

Important Information
No e-mail registrations will be accepted.

The cost to participate in GORP 2005 is as follows:

14 – day paddle

- \$550 for Ohio River Foundation members
- \$590 for American Canoe Association (ACA) members
- \$610 for non-ACA or non-ORF members.

7 – day paddle (June 19 – June 25 or June 26 – July 2)

- \$300 for Ohio River Foundation members
- \$320 for American Canoe Association (ACA) members
- \$330 for non-ACA or non-ORF members.

The fees include a non-refundable registration fee for all those accepted (\$50), and an event insurance fee for non-ACA members (\$6). Full payment is required with registration. If your application is denied for lack of space your payment, including the registration fee, will be refunded. A maximum of 10 thru-paddlers will be selected to participate. Liability releases must be signed before the event. Through-paddlers must be 18 or older to participate, unless accompanied in the same boat by a parent or guardian. No one under 16 allowed.

Reservation and full payment must be received, by May 31, 2005. Upon registration and selection a complete information packet will be sent. Participants must supply their own boats, pfd's, paddling and camping equipment. A list of equipment and camping gear is posted on our website and will also be included in your registration packet.

Registration fee: \$ _____

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

Raffle: You may win a new 12' Current Designs Kestral kayak! (\$5 for 1, \$10 for 3 tickets) \$ _____

Total \$ _____

Make checks payable to "Ohio River Foundation"

OR

Please charge my credit card ___ Visa ___ MasterCard

Acct#: _____ Exp. Date _____ Signature _____

Important Information

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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 GORP 2003, we locked through). Strong westerly winds (headwinds) may be expected during the trip and thunderstorms are always a possibility.

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.

Weather on the Ohio River at this time of year can be unpredictable. It can range from wet and chilly, to wet and hot, it can even be dry and sunny. If thunderstorms occur, event officials will determine an appropriate course of action.

Liability

ORF and ACA 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. This event is comparable to sea kayaking and is, thus, a high-risk activity and you must be willing to assume responsibility for your participation in the event. The liability release forms are posted on our website and signed originals must be received by ORF in advance of the event.

ORF reserves the right to accept or reject any paddler's registration 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 _____

Signature of Parent or Guardian

(if participant is 16 or 17 years old) _____

Date: _____