



# HUI WA`A KAUKAHI

Kayak Club of Hawaii



## NEW MEMBER APPLICATION AND WAIVER FORM

Thank you for considering joining Hui Wa`a Kaukahiki, a Hawaii nonprofit corporation. The purpose of our club is to promote recreational kayaking and kayak safety throughout the Islands, and enjoy ourselves while doing so. You are welcome to attend our meetings usually held at 7:00pm on the third Tuesday of each month at the Paki Hale at 3840 Paki Avenue, in Honolulu. Please check our website at [www.huiwaa.org](http://www.huiwaa.org) and our *LIFELINE* newsletter for a list and update of meetings, paddles and events scheduled throughout the year.

*Please Print*

Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ HWK #: \_\_\_\_\_

I am  am not  an individual National Member of American Canoe Assoc. (ACA # \_\_\_\_\_)

I would  would not  like additional notices and paddle updates sent to my email address.

I would  would not  like to be listed in a members' directory (available to members only).

I would like Hui's *LIFELINE* newsletter sent via

Email (Color PDF format) **or**  U.S. Mail (Black & White)

**Payment is attached for [check one]:**

- Individual HWK Only @ \$20.00       Individual HWK plus ACA Combo @ \$48.00  
 Family\* Membership @ \$22.00       Family Combo Membership @60.00

\*Family membership includes two adults plus children 18 years and younger. \*\*ACA dues are \$30 for individual & \$40 for family. New applicants receive a one-time \$2 discount off HWK dues

**Make check payable to:** Hui Wa`a Kaukahiki

**PLEASE READ PAGE 2 CAREFULLY BEFORE SIGNING THE WAIVER**

Each family member must sign the waiver if planning to attend our paddles or events. Contact us for a waiver form for minors. Renewals of the optional ACA membership will be handled directly by the ACA. For questions about ACA membership or renewal, please go to [www.huiwaa.org/officers.html](http://www.huiwaa.org/officers.html) for contact information for the Club's ACA Representative. Please indicate whether phone number entered below is your work (w), home (h) or cell (c). Add additional phone numbers if you want.

**After you have completed both pages of this form please mail with your check to:**

**Hui Wa`a Kaukahiki ♦ P. O. Box 11588 ♦ Honolulu, Hawaii 96828**

ADULTS ONLY WAIVER - READ BEFORE SIGNING!

HUI WA'A KAUKAHI. AND AMERICAN CANOE ASSOCIATION COMBINED ADULT WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE in any way in Hui Wa'a Kaukahi's sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that:

(a) paddlesports and related activities involve risks and dangers of damage to personal property and serious bodily injury, including permanent disability, paralysis, and death ("Risks");

(b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below;

(c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

2. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Hui Wa'a Kaukahi, affiliated clubs and organizational affiliates, their respective certified instructors, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, injuries, damage to property, or other damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I FURTHER AGREE that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Spouse (if also joining) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Rec'd \_\_\_\_\_ Payment \_\_\_\_\_ Card Sent \_\_\_\_\_ # \_\_\_\_\_