



WAIVER OF LIABILITY AND ASSUMPTION OF RISK

EVENT (RIVER): _____

DATE: _____

TRIP COORDINATOR: _____

I understand that paddle sports and all related activities are inherently dangerous and INVOLVE foreseeable and unforeseeable RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as well as severe social and economic losses ("RISKS"). Risks can arise from various hazards, both natural and man made, including, without limitation, unpredictable water, weather and other natural conditions, hazards while transporting equipment and launching into the water, defective or improper equipment, the actions and inactions of my fellow adventurers who may be negligent, potential exposure to and illness from infectious diseases (including without limitation MRSA, Influenza, and COVID-19), and other unknown or unforeseeable risks and dangers. I am familiar with and appreciate these risks. I understand that I have no legal obligation to assist others, but may do so at my own election and to the best of my ability without unreasonably endangering myself. I understand that my fellow adventurers have no legal obligation to render assistance to me. I assume and accept full responsibility for determining the adequacy of my skill, equipment, and physical condition to engage in any GCA activity. I hereby represent that I am qualified, in good health, and in proper physical condition for this activity. I understand it is my responsibility to discontinue my participation should I feel the conditions are unsafe. If I decide to leave early and not complete a trip as planned, I assume all risks inherent in my decision to leave. I expressly assume and accept full responsibility for the consequences of my exposure to all risks, hazards, and dangers that I may encounter in any GCA activity.

I hereby release, discharge, agree to hold harmless and agree not to bring any legal action against the GCA, its directors, officers, leaders, coordinators, instructors, members or guests, either personally or as representatives of GCA, arising out of or relating to any and all claims, demands, damages, injuries to person or property, action for any acts of active or passive negligence, including negligent rescue or first aid efforts (except willful or wanton negligence or misconduct), arising out of or connected with my participation in any GCA activity. This release is given in consideration for similar releases granted or to be granted to my benefit by other GCA members and participants in GCA activities.

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.

This release has no expiration date and shall be deemed reaffirmed each time I participate in any GCA activity.

*MINORS: FOR ANY MINOR (UNDER 18 YEARS OF AGE) PARTICIPATING IN THIS EVENT, PRINT BOTH THE NAME OF THE MINOR AND THE NAME OF THE PARENT/GUARDIAN SIGNING ON THE MINOR'S BEHALF.

Name (Print)	Signature	Emergency Contact

Submit completed form to <mailto:gca.tripwaivers@gmail.com>

Pre-Shuttle

1. Has everyone signed the GCA trip waiver?
2. Does everyone know the shuttle plan? Directions, Costs, Meeting Point, Drivers Only, etc.
3. Does everyone have PFD, Helmet, Paddle, Spray Skirt, Water, Lunch

Pre-Trip Safety Meeting

1. Has everyone has signed the GCA trip waiver?
2. Everyone must WEAR an appropriately fitting, approved PFD.
3. All decked boaters with a skirt must wear a helmet while on moving water.
4. No alcoholic beverages or illegal drugs will be allowed during the river trip.
5. Identify the lead and sweep boaters are for the trip.
- 6 Keep the boater behind you in sight.
- 7 Location of scouting stops for the trip
- 8 Location of lunch stop
- 9 AWA river safety signals:

Left / Right	Stop	Emergency
Come Ahead	Whistle	Head Pat
- 10 River etiquette including fishermen, right of way, private property.
- 11 Location of throw ropes, pin kits, first aid kits and other safety gear.
- 12 Dangers inherent in jumping or diving into the water
- 13 Hazards or potential dangers on the river

Foot Entrapment	Snakes	Strainers
Poison Ivy	Rafts	Other
- 14 The importance of self-rescue and participating in your own rescue.
15. Are there paddlers that are new to the river?



INCIDENT REPORT FORM

Date: _____

Trip Coordinator: _____

Trip Location: _____

Incident Location _____

Name of Person to whom incident(s) occurred _____

Description of Incident(s):

INCIDENT	MEDICAL SERVICES
<input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Fall (different level) <input type="checkbox"/> Fall (same level) <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Animal/insect bite/sting <input type="checkbox"/> Collision (with object) <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (participant/spectator) <input type="checkbox"/> Collision (spectator/spectator) <input type="checkbox"/> Struck by falling/flying object <input type="checkbox"/> Auto/Property	<input type="checkbox"/> Slip, bodily reaction <input type="checkbox"/> Slip/Fall <input type="checkbox"/> Eligibility <input type="checkbox"/> Aquatic <input type="checkbox"/> Trip/Fall <input type="checkbox"/> Drug Testing <input type="checkbox"/> Overexertion
	<input type="checkbox"/> Antacid <input type="checkbox"/> Aspirin <input type="checkbox"/> Aspirin substitute <input type="checkbox"/> Bandaged <input type="checkbox"/> Ointment/antiseptic <input type="checkbox"/> Removal <input type="checkbox"/> CPR <input type="checkbox"/> Cleansed <input type="checkbox"/> Cold Pack <input type="checkbox"/> None
	<input type="checkbox"/> Eye rinse <input type="checkbox"/> Glucose <input type="checkbox"/> Ice Pack <input type="checkbox"/> Oxygen <input type="checkbox"/> Rest <input type="checkbox"/> Splinted <input type="checkbox"/> Wrapped <input type="checkbox"/> Exam
	<p>Treated By: _____</p>

PRIMARY INJURY	BODY PART INJURED	DISPOSITION
<input type="checkbox"/> Allergy <input type="checkbox"/> Amputation <input type="checkbox"/> Abrasion <input type="checkbox"/> Laceration <input type="checkbox"/> Drowning <input type="checkbox"/> Hypertension <input type="checkbox"/> Cold Injury <input type="checkbox"/> Seizures <input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Dislocation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Foreign Body <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Cardiac Illness <input type="checkbox"/> Contusion <input type="checkbox"/> Sting/bite <input type="checkbox"/> Concussion <input type="checkbox"/> Tooth/Mouth	<input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Nose <input type="checkbox"/> Neck <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Elbow(L/R) <input type="checkbox"/> Wrist (L/R)
	<input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Face <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Finger or Toe	<input type="checkbox"/> Released to parent <input type="checkbox"/> Refusal of care <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle
		<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Report only

Comments and explanations

Submit completed form to <mailto:gca.tripwaivers@gmail.com>

CONTACT INFORMATION FOR VICTIM, RESCUERS AND WITNESSES

NAME	ADDRESS	TELEPHONE NUMBER/ EMAIL ROLE IN INCIDENT
1.		()
2.		()
3.		()
4.		()
5.		()

Signature of Reporting Person _____

Date: _____ Phone # _____ email _____

Retain a copy of this report with the signed waivers for this trip

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