HACKENSACK RIVER CANOE & KAYAK CLUB, INC.

P.O. Box 369
Bogota, New Jersey 07603
www.hrckc.org

Membership Application & Renewal

(Please print clearly; otherwise your membership may not be processed properly)

Annual Dues - Please Check One: ☐ Individual - $15.00 ☐ Family - $25.00

Please Check One: ☐ Initial Application ☐ Renewal

List all names & Indicate the ages of all minors: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number (Home & Cell) Home: _____ Cell: _____

Email Address: _____

☐ Check here if you do **NOT** want your contact information listed in the on-line membership directory.

Note: Those under 18 years of age must join & participate as part of a family membership.

Release of Liability

As a condition of the Hackensack River Canoe & Kayak Club's (HRCKC) acceptance of my application, I hereby state that I understand that canoeing, kayaking, hiking and other outdoor and indoor activities typically sponsored by the HRCKC involve certain dangers and risks, which I am prepared to assume for myself, and all listed family members. I agree to waive all claims which I, or any member of my family, or heirs, executers or assigns may have against the HRCKC or its agents, trustees, officers, directors, trip coordinators or participants for property loss, damages, injuries or death sustained as a result of participating in a HRCKC activity. I further understand and agree that I must; (1) become familiar with the "Guidelines for Trip Participants" which are published and periodically updated on the HRCKC website and in print and (2) further sign the "Liability Waiver for Club Trips and Activities" presented before participating in each individual trip or activity. This Release and other Waivers I expect to give are given in the interest of permitting the HRCKC to exist and serve the paddling community and to enable my fellow paddlers and me to participate and help each other freely without fear of liability. This release is given in exchange for membership and similar releases and waivers granted on my behalf by other members of the HRCKC. This Release has no expiration date.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

The liability waiver must be signed by individual members & ALL ADULTS in a family membership.