

UPCOMING SLALOM EVENTS AT THE KERN RIVER FOR THE MONTH OF SEPTEMBER

JUNIOR / CADET SLALOM DEVELOPMENT CLINIC

- DATES:** SEPTEMBER 29, 30 AND OCTOBER 1 (THREE DAYS)
- LOCATION:** MIRACLE HOT SPRINGS SLALOM COURSE, KERN RIVER
- COACHES:** REBECCA GIDDENS Olympic Medalist, National & World Champion etc.
ERIC GIDDENS Olympian, National Champion, National team member etc.
CORBY LEITH National Team 5 years and now Slalom and youth coach
JOHN BRENNAN National Champion (2 times), slalom and youth coach
- PURPOSE:** FOR SLALOM-SPECIFIC TRAINING FOR JUNIORS AND CADETS. EXTENSIVE ON-WATER TRAINING AT THE RACE SITE, WITH BASIC TO ADVANCED SLALOM TECHNIQUES. STUDENTS WILL BE GROUPED TOGETHER BASED ON LEVEL OF EXPERIENCE. ALL STUDENTS WILL BE TAUGHT BY EACH OF THE COACHES AT VARIOUS TIMES THROUGHOUT THE CLINIC. WILL ALSO INCLUDE CLASSROOM TIME AND VIDEO-REVIEW SESSIONS. THESE COACHES WILL BE SHARING THEIR EXTENSIVE KNOWLEDGE AND EXPERIENCE WITH ALL THE STUDENTS.
- INCLUDED:** THREE DAYS OF DOUBLE ON-THE-WATER SESSIONS.
CLASSROOM SESSIONS
VIDEO REVIEW OF EACH INDIVIDUAL'S TECHNIQUE
LUNCHESES FOR ALL THREE DAYS.
DINNERS FOR FRIDAY AND SATURDAY.
- PRICE** \$125 PER STUDENT.
- NOTES:** WOULD RECOMMEND THAT MOST MAKE THEIR OWN ARRANGEMENTS FOR ACCOMMODATIONS. WE HAVE SOME HOMESTAYS AVAILABLE, BUT ONLY A FEW. THESE FEW WILL BE GIVEN OUT ON A FIRST-COME, FIRST SERVED BASIS. IF ENOUGH STUDENTS ARE INTERESTED, WE CAN DO A GROUP RESERVATION AT THE KERN LODGE TO HELP REDUCE THE COSTS. YOU MUST MAKE YOUR OWN TRANSPORTATION ARRANGEMENTS TO AND FROM THE KERN, BUT WE CAN ASSIST WITH TRANSPORTATION ONCE HERE.
- REGISTRATION** Go to www.kvrc.org, click on the "KVRC News" button, and you will see the link for the registration form. Fill out and return to the address shown on the form.
- CONTACT INFO:** Terry Valle, (818) 340-3083, tvalle@ix.netcom.com

SEPTEMBER SLALOM RACES IN CALIFORNIA

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|-------------------|---------------------------------|---|
| Sept 9-10 | EDDY HOP SLALOM | Kern River, Rancheria Road, Bakersfield
Mary Wilkening: mwilkening@cox.net |
| Sept 16-17 | MIRACLE HOT SPRINGS RACE | Kern River, Miracle Hot Springs, Lake Isabella
Terry Valle (818) 340-3083 tvalle@ix.netcom.com
A dinner/party for this race and for the KRF volunteers to be held at the Kern River Brew Pub on Saturday night. |
| Sept 23-24 | MOKELUMNE RIVER SLALOM | Mokelumne River, Jackson, California
Tom Musolf: info@mokeraces.com |

JUNIOR / CADET SLALOM DEVELOPMENT CLINIC REGISTRATION FORM

A Signed ACA form must be included with this Registration

Student Name _____

Parent / Guardian _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Email _____

ACA # _____ (number must be provided to waive insurance fee)

Paddling level: _____ Intermediate _____ Advanced

Type boat: _____ K-1 _____ C-1 _____ Composite _____ Plastic

_____ Three Day session, Sept 29-Oct 1 \$125.00 \$ _____

_____ Clinic insurance fee (ACA insurance fee) \$ 15.00 \$ _____
(this is waived if you present a current ACA membership card & number)

TOTAL \$ _____

Please make checks payable to "KERN VALLEY RIVER COUNCIL" and mail to:

KERN VALLEY RIVER COUNCIL
23112 BALTAR STREET
WEST HILLS CA 91304-3503

As the enrollment is very limited, full payment is required to secure your place in these clinics. Call to enroll, then mail payment. If you wish to pay with a credit card, please inquire as to the procedure. Phone number is (818) 340-3083.

_____ I am interested in obtaining a homestay. Please contact me if they are still available.

Note: A \$5.00 per day fee is charged by the Miracle Hot Springs Organization for day use parking. All vehicles parking at Miracle will be required to pay this. This fee is not part of Kern Valley River Council and accordingly, cannot waive it. We will try to make arrangements with the camp host to waive this fee, but sometimes they will not do so.



**AMERICAN CANOE ASSOCIATION, INC.
WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING**

✓ CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

. 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 notify the nearest official and discontinue further participation in the Activity.

. 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.

. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, 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.

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.

PRINTED NAME OF PARTICIPANT: _____ SIGNATURE: _____

ADDRESS: _____ City _____ State _____ Zip _____

DATE OF BIRTH _____ ACA #: _____ CLUB/ORGANIZATION: _____

PHONE: (____) _____ EMAIL _____ DATE _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPO RTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS OF LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: (____) _____ EMAIL _____

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____