

Release Form / Application – Must Be Signed Annually Prior to Participation

Please utilize this form to report inaccurate mailing label contents.

**LANSING OAR AND PADDLE CLUB**  
**P.O. Box 26254, Lansing MI 48909**

**MEMBERSHIP APPLICATION**  
**AND RELEASE**

**Release:**

*I realize that every time that I leave shore in a small boat, I am a potential drowning victim. In addition, there is the possibility of injury from many things, including unseen obstacles, weather, currents, waves, insects and other boaters. Human powered water craft require physical effort which can at times be heavy, including: lifting, pulling and possibly prolonged exertion in adverse conditions. I may have to ride in vehicles other than my own and with drivers I may not know.*

*In signing this release, I indicate my understanding of the risks involved with activities involving human powered water craft, and agree to take full responsibility for my physical condition, actions, and safety.*

*NOW THEREFORE, INTENDING TO BE LEGALLY BOUND, I DO HEREBY WAIVE, for myself, my heirs and assigns and for anyone else whomsoever claiming through me, my right to sue or in any other way to attempt to hold responsible, LOAPC, its officers, any so called "trip leaders" or "trip coordinators", or any of my fellow paddlers, for any mishaps to my person or my equipment, other than that which is due to the willful and malicious action of the individual against whom I claim relief.*

SIGNATURE:

DATE:

Signature of Parent or Adult Guardian (for persons under 18 years of age)

Signature of other family member(s)

DATE:

Name: (please print)

Phone, Home:

Address:

Phone, Work:

City:

State:

Zip:

EMAIL ADDRESS:

**MEMBERSHIP DUES SCHEDULE**

(Please Check One) – (\*)

**Regular TEN DOLLARS (\$10) \_\_\_\_\_**

**(\*) – Newsletter "Hard Copy", non email delivery, please adds \$ 5.00 \_\_\_\_**

Dues are Annual, (Jan-Dec), Dues received after July 1<sup>st</sup> will credit the next year, (New Members Only)

**MEMBERSHIP PREFERENCES**

Please put me on a direct contact list for the following areas: White Water \_\_ Recreation Trips \_\_  
Local Paddles \_\_ Sea Kayaking \_\_ Winter Paddles \_\_ Winter XC Ski Trips \_\_

I would like to be included in a paddler's directory made available to LOAPC members: \_\_\_\_  
Please Remove My Name from the marked contact list & Paddler's Directory \_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN RELEASE, FILL IN INFORMATION, ENCLOSE CHECK OR MONEY ORDER  
FOR AMOUNT INDICATED AND GIVE TO ANY OFFICER OR MAIL TO:

L. O. A. P. C. P.O. Box 26254 Lansing, MI 48909