



Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Fax: (____) _____
 Emergency Name/Phone: _____ (____) _____

E-Mail: _____ *May we use your E-Mail address to contact you regarding Sojourn updates? Yes ___ No ___*

How did you hear about the Delaware River Sojourn? _____

A separate liability waiver form must be completed for each person in your party. Forms are available at www.delawareriversojourn.org. Current American Canoe Association members do NOT need to pay the \$5/person one-time insurance fee; write "n/a" on the appropriate space (below) and provide your ACA # _____ and membership expiration date __/__/____.

2010 Registration Form – <i>One family per form please</i>	Check the Day(s) that Each Person Will Attend								Calculate Total Fees				
	Day 1 Sun. 6/21	Day 2 Mon. 6/22	Day 3 Tues. 6/23	Day 4 Weds. 6/24	Day 5 Thurs. 6/25	Day 6 Fri. 6/26	Day 7 Sat. 6/27		Total # Days for Each Person	Early Bird Daily Fee Multiply # Days by \$60	One-Time Insurance Fee <u>\$5 Per Person</u>	After June 1 Multiply # Days by \$70	Total Fee for Each Person
Name of Adults and Children Over 15										\$	\$	\$	\$
										\$	\$	\$	\$
										\$	\$	\$	\$
										\$	\$	\$	\$
Names of Children Age 15 and Under	Day 1 Sun. 6/21	Day 2 Mon. 6/22	Day 3 Tues. 6/23	Day 4 Weds. 6/24	Day 5 Thurs. 6/25	Day 6 Fri. 6/26	Day 7 Sat. 6/27		Total # Days for Each Person	Early Bird Daily Fee Multiply # Days by \$40	One-Time Insurance Fee <u>\$5 Per Person</u>	After June 1 Children 15 & Under \$50	Total Fee for Each Person
										\$	\$	\$	\$
										\$	\$	\$	\$
<i>A Discount is available for first-time Delaware River Sojourn paddlers. Visit www.riversojourn.com/1sttime.pdf Please let us know if you planning to camp the before you first day's paddle. Circle (yes) or (no)</i>									Total Fees: \$				

Pay in full when registering! Make checks payable to Delaware River Sojourn. Please write "Sojourn 2010" in check notation section.
 Send check, all waivers & registration form to **Upper Delaware Preservation Coalition**, Attn: Sojourn, P.O. Box 204, Lackawaxen, PA 18435.

Check if you are requesting a canoe/kayak or will be bringing your own:

- Will need [insert number] _____ canoe(s) (two paddlers per canoe); _____ one- person kayak(s) - subject to availability, which varies depending on the livery service; _____ tandem kayak (two paddlers per tandem kayak) - subject to availability, which varies depending on the livery service.*
- Will bring own canoe/kayak. Please indicate the number and type of boats you will be bringing: _____*
- Early Bird Registration Deadline is **June 1, 2010. Register early and save \$10.00 per person per day!**
- Remember - the Sojourn is a **rain or shine** event. *Should there be unsafe high water, alternative activities are planned and meals will be provided.*
- **Refunds** will be given (by written request), minus a \$25/person processing fee, if the cancellation is received on or before noon on **Friday, June 18, 2010.**
- Refunds after noon on Friday, **June 18, 2010** will be determined on a case-by-case basis, minus a \$25/person processing fee.

By registering, you are granting the Sojourn permission to use your image in future Sojourn promotional and educational materials.



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All minor participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>)	<input type="checkbox"/>	I would like a one-year Student Membership for \$25 (Under 18, or under 23 with copy of student ID)	<input type="checkbox"/>
I would like an ACA Introductory Membership for \$10 (Six month full membership with benefits, including Paddler Magazine)	<input type="checkbox"/>	I would like an ACA Event Membership for \$5 (One activity membership, no member benefits)	<input type="checkbox"/>

AMERICAN CANOE ASSOCIATION MINOR WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN 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:

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.

3. 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.

MINOR PARTICIPANT: I, THE MINOR PARTICIPANT, 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.

Minor Name (print) _____ Minor Date of Birth _____ ACA # (if any) _____

Minor Street Address _____ Minor Phone _____

Minor City _____ Minor State _____ Minor Zip _____ Minor Email _____

Date _____ Minor Signature _____

PARENT OR GUARDIAN: 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 RELEASEES 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 LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Name (print) _____ Parent/Guardian ACA # (if any) _____

P/G Street Address _____ P/G Phone _____

P/G City _____ P/G State _____ P/G Zip _____ P/G Email _____

Date _____ Parent / Guardian Signature _____

Activity Description _____ Sponsoring Org. _____ Activity Date _____



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>) <input type="checkbox"/>	I would like a one-year ACA Paddle America Club Membership for: (check & circle one) Individual \$30 Family (2 adults & minors) \$40 <input type="checkbox"/>	I would like a one-year ACA Membership for: (check & circle one) Individual \$40 Family (2 adults & minors) \$60 <input type="checkbox"/>
I would like a one-year Student Membership for \$25 (under 18, or under 23 with copy of student ID) <input type="checkbox"/>	I would like an ACA Introductory Membership for \$10 (Six month full membership with benefits, including <i>Paddler Magazine</i>) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>

AMERICAN CANOE ASSOCIATION ADULT WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN 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:

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.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the 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.

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 (print) _____ Date of Birth _____ ACA # (if any) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date _____ Adult Signature _____

Name / Description of Activity or Event _____

Sponsoring Club / Organization _____ Activity Date _____



Delaware River Sojourn Discount for First-Time Adult Paddlers

If you are an ADULT first-timer on the Delaware River Sojourn, you may be able to take advantage of the following savings opportunity. The Sojourn is offering a discount of \$25 off (roughly 40%) of the registration fee for your first day of paddle on the Sojourn.

Please note that the Sojourn is again discounting children's paddling fees this year, as we would like to encourage more families with children to participate. The cost for children 15 and under, if registered prior to June 1, is \$40 (\$50 thereafter). In past years, only non-paddling children 12 and under were able to attend the Sojourn at the reduced children's rate.

To request the discount, please send a simple letter via email stating that you are a first-time adult paddler on the Delaware River Sojourn and why you would like to attend. This offer is available on a first-come first-served basis. Please send availability inquiries to Troy Bystrom at udpc@udpc.net with "Sojourn Discount" in the subject line.