

Student Assessment for BWA Beginners Clinic: April 19th & 20th, 2008

Please answer the following questions in terms of the type of boat you intend to use for the clinic. i.e. If you are an expert canoeist, but plan on taking a kayak class, answer for your comfort level in a kayak.

<p>Rolling Ability: (check the description that most closely describes your skill level)</p> <p>___ I have a solid combat roll that has been tested on whitewater multiple times.</p> <p>___ I have rolled in moving water before.</p> <p>___ I have a solid pool roll, but have never rolled in moving water.</p> <p>___ I have rolled in a pool, but my roll isn't consistent yet.</p> <p>___ I have worked on a roll, but haven't got it yet.</p> <p>___ What's a roll?</p>	<p>Paddling Ability: (check the description that most closely describes your skill level)</p> <p>___ Class III - IV paddler.</p> <p>___ I feel comfortable paddling class II and III whitewater in my boat.</p> <p>___ I been on whitewater in my boat, but I'm not comfortable yet.</p> <p>___ I feel comfortable on moving water, but not in this boat .</p> <p>___ I feel comfortable in a boat, but not on moving water.</p> <p>___ I feel comfortable in a pool.</p> <p>___ I can barely stay up in a pool.</p> <p>___ I have never been in a boat.</p>	<p>Medical info:</p> <p>___ Diabetes ___ Heart Condition</p> <p>___ Hemophilia ___ Asthma</p> <p>___ Seizure disorder ___ Allergies</p> <p>Specific details: _____</p> <p>_____</p> <p>_____</p> <p>Anything else? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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General Water Skills: (Rate yourself from 1 to 5 in the following areas.)

How well can you swim? (non-swimmer) 1 2 3 4 5 (Captain of swim team)

How athletic are you? (Couch potato) 1 2 3 4 5 (Iron Man competitor)

How well do you handle cold? (Not well) 1 2 3 4 5 (Polar Bear)

What rivers have you paddled and in what kind of boat? _____

Is there anything else we should know that will help us place you in a class? _____

Equipment: What equipment do you have and what do you need to rent or borrow?

	<u>Have / Need</u>	<u>If need, circle one:</u>
Boat:-----	___/___	S M L XL
Paddle:-----	___/___	S M L XL
PFD:-----	___/___	S M L XL
Helmet:-----	___/___	S M L XL
Sprayskirt:-----	___/___	S M L XL
Sprayjacket or drytop: ---	___/___	S M L XL
Base layer - upper body:-	___/___	S M L XL
Base layer - lower body:-	___/___	S M L XL
Additional layers: -----	___/___	S M L XL
Booties or other:	___/___	S M L XL
appropriate footwear: ----	___/___	S M L XL

NOTE: Borrowed equipment is provided by BWA members and is available on a first-come, first-served basis. You will be responsible for it. The sooner you return your application, the more likely you are to be able to borrow equipment.

Additionally, if you buy gear for the clinic, it should probably be a sprayskirt, a helmet and/or a PFD. If you are planning on boating, you will need this equipment anyway, and it's better to have your own gear that fits you and that you are comfortable with. Plus, there are not as many loaners for these items as there are for cold weather gear.

BWA BEGINNERS CLINIC RELEASE AND WAIVER OF LIABILITY

I, _____, (please print your full name) desiring to participate in the BWA Beginners Clinic, do hereby declare that I understand and accept the following facts of life on the river: 1. Canoeing, kayaking, and rafting, particularly on whitewater rivers, exposes the participants to various safety hazards, including but not limited to: water hazards (boulders, undercut rocks, trees, strainers, water formations such as water falls, holes, keepers, hydraulics, and other obstacles), swimming in turbulent water, using paddling equipment, accidents or illness in remote places without medical facilities, and travel in a vehicle not driven by me. 2. No one but I am responsible for myself when I choose to paddle a particular river or a particular rapid. 3. I further understand that I have no legal duty to assist others, nor does anyone else have a legal duty to render such assistance to me. I certify that I am in good physical condition, that I can swim, and that I have no physical defects or injuries that would prevent me from participating in this activity. I fully understand and agree that, when I participate in canoeing, kayaking, or rafting, there is always the possibility of the unknown, uncontrollable dangers and accidental or other physical injury and death. I know I can be killed, and I willingly assume the risk referred to in paragraph 1, and elsewhere in this release.

Therefore, in consideration for granting me the opportunity to participate in the BWA Beginners Clinic, and intending to be legally bound, I hereby release, waive, and discharge my rights to sue the BWA Beginners Clinic, its trip coordinators, instructors, leaders, officers, directors, representatives, agents, employees, and affiliates, and also any landowner or governmental unit which may allow the BWA Beginners Clinic to use its property, for any and all loss or damage of account of injury to my person or on account of my death, which may occur during, in preparation for, or in transit to or from a BWA Beginners Clinic activity. This waiver applies to acts or omissions of ordinary negligence and to any deliberate act intended to promote my safety or well being. This waiver is signed by me in the interest of permitting BWA Beginners Clinic to exist and to serve the paddling community, and to enable me and my fellow paddlers to feel free to donate their services to improving the sport and to help in training those less skilled in the sport without fear of liability.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY. I SIGN IT OF MY OWN FREE WILL AND I WAS NOT COERCED. SHOULD I WISH TO WITHDRAW AT ANY TIME DURING THE CLINIC, I WILL BE REIMBURSED FOR ANY INSTRUCTIONAL FEES PAID.

PRINT NAME CLEARLY: _____

PHONE: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

For minors only: GUARDIAN SIGNATURE: _____ DATE: _____

(parent or guardian must sign if participant is under 18 years of age)

Address: _____

FOR FURTHER INFORMATION, CONTACT: Hanley Loller, Clinic Director (phone) 859-806-9843, (e-mail) clinic@hanleyanddenile.net OR MAIL TO:

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For more info on the BWA visit: <http://www.surfbwa.org> and click on Spring Clinic