

## LWRCP 2021 REGISTRATION FORM

**Instructions: Save this form to your desktop, fill in all fields, save it again filled out (or answer all in an email), then attach it to an email and send it to [coordinator@lwrpc.org](mailto:coordinator@lwrpc.org). Questions? Call Melisa at 563-349-0811. Cleanup dates are August 21-23, 2021 and base camp will be at Walnut Grove County Park in Toronto, Iowa..**

- **You need to let us know you are coming through registration.**
- Paddlers under 10 years old as of 8/20/21 must have prior canoeing experience.
- Persons under 18 must be accompanied by parent or guardian.
- Complete all pages in their entirety. Double check your form before you email!
- Registration fees are simply the cost of your meals and t-shirt order.
- Please calculate your fee on Page 2. We recommend that you order catered meals, but it is not required.
- **Make checks payable to our receiving agent Soaring Eagle Nature Center and write “2021 LWRCP” in the Memo portion of the check. Pay when you check in.**
- In order to minimize the amount of trash generated by the group, **reusable dinnerware (plate, bowl, coffee cup, silverware) is required.** Wash basins will be available after meals. Bring a personal cooler for your lunches (ice will be provided by the caterer). Bring a reusable water bottle.

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Age (if under 18 as of 8/20/21):** \_\_\_\_\_

**I will be paddling (check all that apply):**  Saturday  Sunday

**I will be volunteering on land (check all that apply):**  Friday  Saturday  Sunday

### Canoe Use and Ability

Please fill out this section even if you own your own canoe or kayak. (You may skip this section if you are an on-shore volunteer only.) For those that do not own their own canoes, there are a limited number of canoes available free of charge with paddles and PFD's (keyhole life jackets) provided.

**Do you need a canoe?**  Yes  No, I will be bringing my own Canoe

**What is your paddling skill level?**  Beginner  Intermediate  Experienced

**Do you have a Partner?**  Yes  No *If Yes, name of partner:* \_\_\_\_\_

**Do you need a PFD (life jacket)?**  Yes  No, I have my own

**Catered Meals**

Lunches and ice will be distributed with breakfast each morning – YOU MUST BRING A PERSONAL COOLER to pack your own lunch! Menus are subject to change due to environmental or availability factors.

**Please sign me up for all meals Saturday and Sunday:**

**Adult \$28.00  Under 12 \$22.00**

<p><b>Breakfast</b> (same or similar items served each morning): Casserole, muffins, fruit, juice, milk, coffee</p>	<p>Adult: \$5.00each day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Under 12: \$4.00 each day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>
<p><b>Lunch</b> (same or similar items served each day): Build your own sandwich, fruit, chips, brownie or cookie</p>	<p>Adult: \$5.00 each day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>	<p>Under 12: \$4.00 each day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p>
<p><b>Dinner</b> TBD (a restaurant nearby may have a special offer)</p>	<p>Adult: \$8.00 <input type="checkbox"/> Saturday</p>	<p>Under 12: \$6.00 <input type="checkbox"/> Saturday</p>

If you don't wish to participate in all the meals, then select the meals you would like and total below.

*Total of my meal selections \$ \_\_\_\_\_*

**T-shirts--\$10 each**

**T-shirt size/quantity: Youth XS          Youth S          Youth M          Youth L**

**Adult S          Adult M          Adult L          Adult XL          Adult XXL**

**Adult XXXL          Adult XXXXL**

*Total of my t-shirt order \$*

*Grand total of registration expenses (t-shirt order and meals) \$*

**You will make your payment at the event when you check in** Make checks payable to our receiving agent Soaring Eagle Nature Center and write "2021 LWRCP" in the Memo portion of the check. Please include the volunteer's name if it is not the one on the check.

## SAFETY INFORMATION, RELEASE & WAIVER OF LIABILITY

1. Safety precautions, recommendations and regulations will be in place at all times.
2. **Personal Flotation Devices (PFDs – life jackets) are required to be worn at all times** when participants are in vessel on water. Children require appropriately-sized PFDs. It is the responsibility of the participants to supply appropriately-sized PFDs for themselves or to wear one provided by Clinton County Conservation Board. **No alcohol consumption on the water.**
3. Checkpoint shuttles (“sag wagons”) will be provided Saturday, if needed.
4. Parents/legal guardians and/or authorized adult companions of children under 18 years of age will be responsible the child’s safety. By signing below, the parent/legal guardian of the minor agrees to the terms and conditions of this waiver, and authorizes the designated legal adult named below to be responsible for the minor.

The applicant and parent/legal guardian(s), by signing below, recognize that the program involves some risk and that she/he takes responsibility for all action or injury that may result in participating in Lower Wapsipinicon River Cleanup Project (LWRCP). **All children under 18 must be accompanied by a parent/legal guardian or authorized adult companion, and must have a parent/legal guardian signature(s) and, if applicable, authorization of an approved adult companion, below.** The applicant and parent/legal guardian, by signing below, agree to the following statement: All participants are required to wear an appropriately-sized PFD (personal flotation device) at all times when they are in a vessel on the water.

Are you 18 years old or over? yes no

I, \_\_\_\_\_ (applicant name) and \_\_\_\_\_ (parent/legal guardian name, if applicable), hereby release, waive, discharge and covenant not to sue the State of Iowa, Iowa Department of Natural Resources, Lower Wapsipinicon River Cleanup Project, any canoe outfitter, county or other agencies, partners, cooperating landowners, sponsors and any of the offices, servants, agents and employees of the above-mentioned entities (hereinafter referred to as “RELEASEES”) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in LWRCP.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

Participants understand that photographs may be taken during the project and may be used in the future to chronicle and publicize the project.

By checking the Electronic Signature on this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

**If participant is 18 or older as of August 20, 2021:**

Electronic Signature of participant  Printed name of participant \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18 as of August 20, 2021:** Participant’s date of birth: \_\_\_\_\_

I/we \_\_\_\_\_ (name(s) of parent/legal guardian) authorize \_\_\_\_\_ (name of under-18 participant) to be accompanied on the trip by \_\_\_\_\_ (name of authorized adult companion).

Electronic Signature(s) of parent/legal guardian

Printed name(s) of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

# LWRCP Medical History Questionnaire

## All Information is Confidential

We would like to have this questionnaire on file in case of a medical emergency.

Filling out this form could provide us with important information if you are injured.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian Name and Phone # (if under 18 years old):

Physician Name and Phone #:

Emergency Contact Name and Phone Numbers:

Day            Evening            Cell

Are you allergic to any medication (aspirin, penicillin, etc.)  Yes  No? List:

Do you take any medication?  Yes  No List:

Have you ever been told by a doctor that you have epilepsy?  Yes  No

When:

Have you had recent surgical operations, accidents or injuries?  Yes  No

When/What

Have you been "knocked out" unconscious, had a concussion or head injury?  Yes  No

When/what:

Are you pregnant?  Yes  No

Do you wear glasses?  Yes  No contact lenses?  Yes  No

Date of last tetanus immunization:

### Please check any of the following medical conditions you have had within the last 5 years:

- Hay fever or allergies (especially to bees, ants, etc.)  Heart disease  High Blood Pressure  Asthma  Diabetes  
 Seizures  Fainting Spells

### Do you have any medical training:

- Doctor  Nurse  EMT  First Responder  CPR  First Aid            Other:

Is there anything else about your health we need to know in case of an emergency?

Electronic Signature:  Printed Name:            Date: