



Dixie Division Annual Instructor Update 4-5 October 2008

Welcome to the Annual Instructor Update!

Updates this year will be coordinated for Swiftwater Rescue, Whitewater Canoe, and Whitewater Kayak. We will meet at the Nantahala Outdoor Center on the 4th at 8:30 AM in Klientrath Hall above Relia's restaurant on river left. Our kick-off meeting should last no longer than an hour and a half, then we will divide by discipline and start our updates. If you need directions to the NOC – click on www.noc.com

In order to attend this update you must be in good standing with the ACA: currently paid dues for ACA and SEI memberships, as well as complete teaching records showing that you have taught 2 courses in the past four years. If you have any questions about your standing with the ACA -please contact Jeremy Oyen at the ACA 9-5 M-F EST (703) 451-0142.

In addition, we need to receive in our office **no later than September 21, 2008**, a \$50.00 check (made payable to: ACA Dixie Division Instructor Update), completed registration, health form and ACA release to:

Justin Padgett / Dixie Update
PO Box 1888
Cullowhee, NC 28723

Please bring all river equipment that you use for teaching, along with your lunch, water and snacks. Our course work will be dynamic, so come with flexible eating plans. Most of our course work will take place in the Nantahala area. Please expect some driving for shuttles.

You are also cordially invited to the Dixie Division annual meeting to take place at Klientrath starting at 6:30PM. Please come and visit with other instructors and eat some good finger foods.

Once again, welcome to our Annual Update, please contact me with questions, but expect that all registration will be handled by mail.

Get your Paddle On!

Justin S. Padgett
Dixie Division Instructional Facilitator
828-293-5384
jsp@landmarklearning.org
www.landmarklearning.org

ACA Dixie Whitewater Instructor Update
October 4-5, 2008
830 start on the 4th October

In order for your registration to be accepted you will need to complete this form, health form and ACA release and send with payment of \$50.00 in check form written to ACA Dixie Division.

ACA Dixie Instructor Update
PO Box 1888
Cullowhee, NC 28723

Name: _____

Address:

Phone:

Email:

ACA # _____

Discipline you are updating _____

Name Instructor Trainer of your original IDW/ICE: _____

Date Originally Certified _____

Number # of courses taught to date in this discipline: _____

What goals do you have for the Instructor Update?
(You can write on the back – this information will be given to your instructors)

HEALTH FORM

DISCLOSURE

Landmark Learning and CORE Expeditions programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as international travel, patient assessment and care, backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

GENERAL & MEDICAL INFORMATION

Name _____ Date of Birth _____

Do you have health/medical insurance? no yes
Name & Address of Company: _____

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity? no yes

Do you have any chronic or recurring injuries? no yes

Are you currently taking any medication? no yes

Do you have any allergies or reactions to any medications, plants, or insects? no yes

Have you had surgery in the past year for any condition which may limit your participation? no yes

Do you have asthma? no yes

Do you have diabetes? no yes

If yes to any of the above, please explain/describe:

Are you pregnant? no yes

Do you have or do you have a history of:
____ high blood pressure ____ currently on medication for high blood pressure
____ heart palpitations ____ chest pain or pressure ____ stroke
____ heart attack ____ heart disease ____ heart murmur

We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participation in Landmark Learning or CORE Expeditions activities.

EMERGENCY CONTACT INFORMATION

Person: _____ Relationship to you: _____

Address: _____

Phone Numbers: _____ Email: _____



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 _____