



## Rock the Yough River Series



**Paddle the Yough River from Dawson to Layton, PA 9am – 4pm**

**June 16; July 13; August 3; and August 17, 2019**

Join Three Rivers Adaptive Sports (TRAS) for an exciting series of paddling, fun, food and friendship along the scenic Youghiogheny River! Paddlers can register to join the fun for one or all of the Yough River journeys in the 2019 Rock the Yough River Series.

TRAS paddlers will meet at Hazelbaker's Recreational Services (653 Layton Rd. Perryopolis, PA 15473) at 9:00 am. Kayakers and canoeists will depart at 10am via van shuttle to the launch in Dawson, PA.

TRAS paddlers will enjoy a leisurely float of 8 miles on gently flowing to Class I rapids on the Yough River. Along the way TRAS boaters can enjoy a refreshing dip in the river, fishing (PA Fishing License required), or just kick back and soak in the sun. The group will stop along the way to enjoy a picnic lunch on the river's edge. TRAS adventurers will finish out the float at the Hazelbaker's facility to end the day on the river.

Paddlers will have a chance to try TRAS state of the art adaptive kayak and canoe seating systems, as well as paddle adaptations, and kayaks equipped with outriggers for maximal stability. TRAS' adaptive kayak and canoe gear can allow anyone to enjoy paddling sports.

The \$20 registration fee for TRAS members and \$30 for non-members per person includes shuttle, boat rental and lunch.

**Registration fee and forms must be received one week in advance of selected date(s). Space is limited! Don't miss out on these great days on the river. Complete the form below and send it in today to reserve your spot!!!**

**“If I can do this, I can do anything”**

**2019 ROCK THE YOUGH RIVER SERIES REGISTRATION FORM**

Name: \_\_\_\_\_ M or F DOB: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**I want to register for the following Rock the Yough River Series Paddling date(s):**

June 16th; \_\_\_\_\_; July 13th; \_\_\_\_\_; Aug. 3rd; \_\_\_\_\_; Aug. 17th; \_\_\_\_\_

I prefer to: Canoe: \_\_\_\_\_; Kayak: \_\_\_\_\_; Tandem Kayak: \_\_\_\_\_

**NOTE: Registration, Fees and TRAS & Hazelbaker’s Liability Releases must be received ONE WEEK prior to selected date(s) above.**

**Personal Information** (please be as specific as possible):

Disability: \_\_\_\_\_ Onset: \_\_\_\_\_; Wt: \_\_\_\_\_; Ht: \_\_\_\_\_

**Paddlers must be 210lbs or less and must be able to fit into an 18" wide wheelchair.**

Please choose your most frequent mode of mobility: \_\_\_\_\_ walking: list any assistive devices or braces used \_\_\_\_\_

I use a wheelchair: \_\_\_\_\_ manual or \_\_\_\_\_ electric?

Previous kayak/canoe experience and equipment used (since disability): \_\_\_\_\_

Are you able to swim: Yes: \_\_\_\_\_; No: \_\_\_\_\_

Other sports you participate in on a regular basis: \_\_\_\_\_

Are you currently under a doctor’s care for any condition? Yes No (if yes, provide details) \_\_\_\_\_

Are you allergic to anything? (i.e., medication, food, sun) Yes No (if yes, provide details) \_\_\_\_\_

Do you need to limit your activities for any reason? Yes No (if yes, provide details) \_\_\_\_\_

Do you have seizures? Yes No

Within the past six months, have you had any injury to, or surgery on your back, spinal cord, or hips? Yes No (if yes, provide details) \_\_\_\_\_

Do you wear a back brace or have Harrington Rods? Yes No (Describe) \_\_\_\_\_

Are there any other special medical conditions TRAS should know about (asthma, diabetes, heart trouble, etc.)? Yes No (if yes, provide details): \_\_\_\_\_

List medications you are currently taking: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: Phone: \_\_\_\_\_

**Call the TRAS Line (412) 848-8896 with questions or additional information**

**Registration Deadline is one week in advance of selected date(s)**

*Please complete this form, Liability Releases and mail it along with \$20 TRAS member or \$30 non-member registration fee per paddler to:*

*TRAS P.O. Box 38235, Pittsburgh, PA 15238*

Date \_\_\_\_\_

## READ CAREFULLY WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. operation, use of equipment, or related events and activities, such as CANOEING, KAYAKING, RAFTING and or BICYCLING; I, \_\_\_\_\_ fully understand and acknowledge, appreciate, and agree that outdoor recreational activities have:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKERS RECREATIONAL SERVICES, BYO inc. or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of employees of HAZELBAKERS RECREATIONAL SERVICES, BYO inc. immediately.
4. I for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS HAZELBAKERS RECREATIONAL SERVICES, BYO inc; their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity of HAZELBAKERS RECREATIONAL SERVICES, BYO inc., with respect to any and all injury, disability, death, loss or damage to person of property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. or OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_\_ (Initial) I agree to wear my Personal Flotation Device (P.F.D.) at all times while participating in CANOEING, KAYAKING, and/or RAFTING activities.

\_\_\_\_\_ (Initial) I agree that I will not have any alcohol in shuttle vans/buses or in any rental equipment.

\_\_\_\_\_ (Initial) Abuse or abnormal damage to rental equipment will be charged to me at repair or replacement value.

\_\_\_\_\_ (Initial) I agree to return to Layton with all rental equipment by 6:30 p.m.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE. BY SIGNING THE BOTTOM OF THIS WAIVER I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IT IS MY INTENTION TO EXCEPT AND RELIEVE HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Hazelbaker's Recreational Services, BYO inc. or its agents is a party shall be either the Village of Layton, PA Justice Court or the County or State Supreme Court in Fayette County.

Age \_\_\_\_\_ Name (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of Hazelbaker's Recreational Services, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Hazelbaker's Recreational Services from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, to the fullest extent permitted by law.

x \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature

Print Name

Make/Model of Vehicle: \_\_\_\_\_ Color of Vehicle: \_\_\_\_\_

## Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Three Rivers Adaptive Sports, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

**In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Three Rivers Adaptive Sports related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

**1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

**2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Disabled Sports USA/ Three Rivers Adaptive Sports events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place.

**3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a

helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

**4. Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**5. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Pennsylvania and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Allegheny County, PA; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.**

<b>Participant’s Signature</b>	<b>Participant’s Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant’s behalf.

<b>Minor’s DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

## Disabled Sports USA Media Release Agreement

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### MEDIA RELEASE FORM

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>