

# National Canoe Safety Patrol

## Lower Delaware Chapter

### PATROL ROSTER



**DESIRING TO JOIN PARTICIPATING NCSP/LDC MEMBERS IN THIS SAFETY PATROL, I HEREBY DECLARE THAT I FULLY UNDERSTAND AND ACCEPT THE FOLLOWING FACTS OF LIFE ON THE RIVER:**

- I. Canoeing, kayaking, or rafting, particularly on whitewater rivers, exposes participants to various safety hazards,
- II. No one but myself is responsible for my safety when I choose to challenge my capabilities by running a particular river, or a particular rapid, or any other potentially hazardous situation.
- III. I expect to assist my fellow paddlers to the best of my own personal skill and ability if they appear to need such assistance, but only so long as I can do so, in my own judgment, without significant danger to myself. I further understand that this does not imply any LEGAL duty for me to do so, nor for anyone else to render such assistance to me.
- IV. I also understand that the intention and purpose of this waiver is applicable to all NCSP/LDC activities.

**NOW THEREFORE, INTENDING TO BE LEGALLY BOUND, I HEREBY WAIVE**, for myself and for anyone else claiming through me, my right to sue the NCSP/LDC, its officers, Patrol leaders, or any of my fellow paddlers, for any injuries to my person or my equipment which may occur during, in preparation for, or in transit to or from a NCSP/LDC outing. This waiver applies to any negligent act or omission, and to any intentional act intended to promote my safety or well being.

This waiver is given in the interest of permitting the NCSP/LDC to exist and to serve the paddling community, and to enable myself and my fellow paddlers to feel free to donate their services to improving the sport and to help in training those less skilled than ourselves without fear of liability.

MY WAIVER IS GIVEN IN EXCHANGE FOR SIMILAR WAIVERS TO BE GRANTED ON MY BEHALF BY OTHER MEMBERS AND GUESTS OF THE NCSP/LDC.

**LEADER:** \_\_\_\_\_ **PATROL:** \_\_\_\_\_ **CLASS:** \_\_\_\_ **MILES:** \_\_\_\_

**PUT-IN:** \_\_\_\_\_ **TAKEOUT:** \_\_\_\_\_ **HOURS:** \_\_\_\_

**Note:** If you are a Guest write a "G" under your sponsor's entry.

Print for each member, Sign if Guest	m/d/y
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Print for each member, Sign if Guest	m/d/y
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Send completed forms to George Fluck, NCSP/LDC Patrol Director.