

Kayak Waveology – AUTUMN GALES 2024

(Please fill out all pages completely. One form per person. Please print clearly.)

Registration Information

PERSONAL INFORMATION

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Best way to be contacted: ___cell phone ___other phone ___email

AUTUMN GALES MAIN EVENT COURSE PRICING:

One Day (\$170) ___ ; Two Days (\$340) ___ ; Three Days (\$480) ___

AUTUMN GALES MAIN EVENT DAY(S) ATTENDING (Please check which days attending)

___ Friday Nov 1 ___ Saturday Nov 2 ___ Sunday Nov 3

As part of the main event, and included in the main event pricing, if you are interested in training or assessing for any of the **British Canoeing/Paddle UK Personal Performance** awards, please check which you are interested in:

- Coastal Sea Kayak Skills Training___ or Assessment___
- Adv Sea Kayak Skills Training___ or Assessment___

BRITISH CANOEING/PADDLE UK SAFETY COURSES:

- Coastal Navigation /Tidal Planning (Tue Oct 29th). Course Price \$170. Training___
 - Open Water Navigation/Tidal Planning (Tue Oct 29th). Course Price \$170. Training___
- (Note: Coastal Nav is a pre-requisite for Sea Kayak Leader Assessment and Open Water Nav is a pre-requisite for Advance Sea Kayak Leader Assessment. It is highly recommended that these safety courses also be in place prior to the training for that leadership level).*

BRITISH CANOEING/PADDLE UK LEADERSHIP COURSES

Training or Assessment, please check which applies for you

- Sea Kayak Leader Assessment (Oct 30th – Oct 31st). Training___ ; Assessment___
Note: this is a two day course. Cost is \$340.
- Advance Sea Kayak Leader (Oct 30th – Oct 31st). Training___ ; Assessment___
Note: this is a two day course. Cost is \$340

PAYMENT OPTIONS

Checks: Please make checks payable to: Kayak Waveology, LLC.

PayPal: If you've paid via PayPal on the Autumn Gales website, just make a checkmark here_____

Mail registration form, health questionnaire, waiver form and payment (if paying by check) to:
Greg Paquin
Kayak Waveology, LLC
53 Emanuel Church Rd
Killingworth CT 06419

Signature_____ Date_____

An email confirmation indicating you have signed up for the event will be sent.

CANCELLATION POLICY & REGISTRATION DETAILS

Full payment is needed to hold your spot. Due to the nature of the event, no refunds will be given after October 15, 2024. Until October 15, 2024, cancellations will be given a 50% refund. The event will run regardless of weather conditions unless it becomes dangerous to continue. If we cancel a day due to unsafe conditions, we will replace with a reasonable alternative. Participants must be over 18 years of age. For those participating in the British Canoeing/Paddle UK personal skills awards, sea kayak leader or advanced sea kayak leader training or assessment, these courses must adhere to the conditions remit outlined by British Canoeing/Paddle UK. Due to this, we may need to shift dates in order to gain the best conditions.

Kayak Waveology – AUTUMN GALES

Health Questionnaire

Sea Kayaking is a strenuous activity. If you have any questions regarding your health and participation in kayaking, please discuss it with your physician. We ask you for the following information to be aware of any potential problems and to provide better first aid or emergency care should it become necessary. All information will be kept confidential until then.

Name: _____

Height: _____ Weight: _____ Age: _____

Section 1: General Questions

- 1). Describe your swimming ability:

- 2). Describe your canoeing / kayaking experience:
 - a). Please list any current certifications:

- 3). How would you describe your general health:

Section 2: Medical Information & History

Have you ever had? (please check the Yes or No column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High Blood Pressure			Back Problems		
Dislocations			Do you have muscle spasms If Yes...what triggers them?		
Do you get cold easily			Are you greatly affected by heat		
Are you pregnant			Are you taking medication		
Are you allergic to any medication			Any side effects of medication such as sun sensitivity, fatigue etc		
Are you allergic to insect bites or bee stings If Yes...do you carry medication?			Seizures If Yes...what triggers them? If Yes...date of last seizure?		

If you answered Yes to any of the above items, please explain below:

Condition

Symptom

_____	_____
_____	_____
_____	_____
_____	_____

Do you have a disability? If yes, please describe:

How long have you had the disability? _____

Do you have a mobility impairment? If yes, please describe:

Do you have a sensory impairment? (sight, sounds or sensation)? If yes, please describe:

So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

Section 3: In Case of Emergency - Please contact:

Name: _____

Name: _____

Phone (day): _____

Phone (day): _____

Phone (eve): _____

Phone (eve): _____

Relation: _____

Relation: _____

Reminder of Things to Bring

- Typical padding kit for a rough water environment – including hypo, med and repair kits
- Your boat and paddling gear suitable for weather conditions. A dry suit is typically needed.
- Helmet and tow lines are a must
- Chart of the area (Fishers Island & Block Island Sounds) and compass (bring hand held even if you have boat mounted)
- VHF is highly recommended as are flares
- Lunch / water / warm tea

Any questions on what to bring or wear, please contact Greg at coach@kayakwaveology.com



ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND RESPONSIBILITY

RELEASE OF LIABILITY

The undersigned represents and warrants that he/she is in good physical condition and fully fit and competent to actively participate in the sport of sea and white water kayaking both in the inland and near coastal waters of the Atlantic Ocean and its Sounds, Bays, coastal estuaries and tributary waters. The undersigned further represents and warrants that he/she is a competent swimmer and has all the necessary skills, personal equipment and clothing to sustain oneself in the colder waters of such regions under all circumstances, both foreseen and unforeseen. The undersigned further acknowledges and warrants that he/she is fully aware of all risks, inherent and otherwise, of both fresh and saltwater water sports including kayaking and that he/she is competent or has basic knowledge of boat handling, boating safety, boat navigation and Rules of the Road necessary to safely operate, steer and navigate a kayak in the areas of intended use. The undersigned recognizes and acknowledges the likelihood of unanticipated, changing sea and weather conditions and fully assumes the increased risks inherent in rapidly developing adverse sea, wind, and water conditions. I further acknowledge and understand that my participation may include possible exposure to and illness from infectious diseases including, but not limited to MRSA, Influenza and COVID-19. I also understand and acknowledge that while particular and personal discipline may reduce such risks, the risk of serious illness or death may exist.

Notwithstanding the forgoing, the undersigned, in consideration of the opportunity and privilege to rent or otherwise use a sea kayak and participate in the kayaking activities provided, sponsored ,conducted and/or operated by Kayak Waveology, LLC, does hereby irrevocably, fully release Kayak Waveology, LLC , and its agents, members, servants and employees from any and all claims, charges, demands and/or damages of any nature or kind whatsoever, whether arising from the negligence of Kayak Waveology, LLC or otherwise, brought by me, my heirs, executors, administrators and/or assigns with respect to any injuries sustained by me in connection with the kayak activities provided, sponsored, conducted and/or operated by Kayak Waveology, LLC and I further agree to fully indemnify and hold harmless Kayak Waveology, LLC, and its agents, members, servants and employees with respect to any such claims or demands, etc., made by me or on my behalf and/or by any third parties.

I HAVE READ THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS AND CONSEQUENCES, UNDERSTANDING THAT I WILL RELINQUISH SUBSTANTIAL RIGHTS BY SIGNING IT AND DO SO OF MY OWN FREE WILL WITHOUT ANY INDUCEMENT WHATSOEVER.

Print Name: _____ Date: _____

Signature: _____

Address: _____