

_____ CONFIRMATION I have read ALL material presented to me, at Orientation and/or on my own regarding the OFFICIAL SAFETY PLAN - I understand this information, and will designate my actions , according to this Plan, to the best of my abilities.

_____ I claim personal and financial responsibility for my actions, lack of actions, and use of borrowed equipment.

_____ I understand that wearing my Personal Flotation Device (PFD) is most prudent but I MUST have the PFD within my reach at all times, while on the water, as required by Indiana and Ohio Paddle Laws.

_____ I knowingly understand that this river has more potential for harm, due to the State and Federal designation under the 303 (d) list of impaired waterways in the United States, and understand that the time of year in which we are paddling has the potential for high, fast moving, cold water; besides the usual potential for drowning, hypothermia, injury or death when paddling on any waterway.

_____ Please CONFIRM you are able to do this: Jump feet-first into water over your head. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn. Float by resting face-up in the water for 15 minutes.

_____ I consent to medical treatment deemed necessary by on-site medics - and if the need arises to check into a hospital or clinic and/or call an ambulance, this will be decided upon by the Medics

_____ I understand and that I will be filmed and photographed at this event, and event sponsors will use this data and produce materials for education and outreach

_____ I will be PRESENT or OFFICIALLY check-in at each Landing Location upon Sweep Boat's arrival

_____ I understand that my valuables and property will probably get wet, I will take full responsibility for their protection and loss due to water and/or becoming lost.

_____ LIST CANOE BUDDY HERE - DON'T HAVE ONE?
no problem, someone will be pairing you with a buddy

_____ & _____ PEOPLE'S NAME(S) of your buddy BOAT - DON'T HAVE ONE? - no problem, someone will be pairing you with a buddy BOAT

YOUR Cell Phone: (if applicable) _____

MY BUDDY's cell phone # _____

MY BUDDY BOAT's cell phone # _____

I have programed into my phone or device (if applicable):

_____ ABIGAIL KING - WATER ADMINISTRATOR # 260-417-2500 - text or call

_____ JAIN YOUNG - LAND ADMINISTRATOR # 425-213-7516 - text or call

_____ LAND MEDIC #

_____ WATER MEDIC #

_____ KAREN EWING - WEATHER WATCHER 260-402-5868

If you are holding a smart device or geo-spatial location data device, send that information to:

#1 DON CROY

_____ email: info@designservicesfortwayne.com

_____ text picture: 260-466-1852

AND / OR

#2 ERIC STAHL SMITH

_____ email: techedge@gmail.com

_____ text picture: 317-408-0116

Food Preferences AND Food Allergies (vegan, veggie, omnivore)

Health Problems LIST ALL (allergies, asthma, diabetes, seizures communicable diseases etc)?

Special conditions or medications for disclosure purposes, to help you in-case of emergency?

Personal safety equipment you are able to provide in addition to our community supplies?

Skill sets?

DO you hold a licensure, degree, or specialized expertise that we can use for promotion?