

# Schuylkill River Sojourn 2018 CONFIRMATION FORM

Please Print Neatly

Please complete all sections of this form. Originals of this form and waivers must be received by

**May 25, 2018**

Schuylkill River Greenway Assn.  
140 College Drive  
Pottstown, PA 19464  
484-945-0200

Name:	Date of Birth:	
Address:		
City:	State:	Zip:
E-mail address*:		
Phone day:	Phone eve.:	
We must have this completed form by <b>May 25, 2018</b> for you to participate in the Sojourn or your information will <i>not be included</i> on the Sojourn Participant List.		
<input type="checkbox"/> Check here if you do not want your information on Participant List or shared with other Sojourners		

\* All correspondence after registration will be by e-mail, including how to download final information & maps. If no e-mail is available, put N/A on line.

## I am registered for the following days:

Full Trip  Saturday  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday

I am bringing my own boat  Canoe  Kayak Length: \_\_\_\_\_ Material: \_\_\_\_\_

I wish to rent a kayak (Contact: Take It Outdoors Adventures 610-656-3969 or [doug@takeitoutdoorsadventures.com](mailto:doug@takeitoutdoorsadventures.com))

During my evenings with the Sojourn I plan to:  Camp  Go Home/to friend's house  Stay at a hotel/motel/inn

## Experience Information

I rate my paddling ability on moving water as:  No experience  Beginner  Intermediate  Advanced

I have certification for:  Advanced Medical Training: \_\_\_\_\_

Paddling (explain): \_\_\_\_\_

Other: \_\_\_\_\_

I am willing to serve as a "Safety Officer". (Safety Officer selection and need is at the discretion of Canoe Susquehanna principals).

State experience: \_\_\_\_\_

## Emergency Information

The information provided is for SRGA, Canoe Susquehanna, Take it Outdoors Adventure Group and Bad Adventure Co. in case of an emergency

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Medical Release and Photo Waiver

I hereby agree to abide by all rules and policies of the Schuylkill River Sojourn and recognize that I may be prohibited from activities if I fail to comply with the rules and policies. I authorize Schuylkill River Greenway Association, Canoe Susquehanna, The Bad Adventure Company, Take It Outdoors Adventure Group, and any of the Schuylkill River Sojourn Planning Committee members to obtain emergency medical treatment for me, if necessary.

I also give permission for my photograph to be taken during the Schuylkill River Sojourn activities and for the organizers of the Schuylkill River Sojourn, and Schuylkill River Greenway Association specifically, to use my photographic image in commercial or noncommercial publicity for the event, for the Schuylkill River Greenway Association and for the Schuylkill River.

Date

Signature (if under 18, must have signature of parent or guardian)

If this is your first Schuylkill River Sojourn, how did you hear about the sojourn?