



## 2023 WCC Annual Membership Application

*Primary Applicant*

Existing Club Member

New Club Member

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Male Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Email: \_\_\_\_\_

Goes By/Nick Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Number to reach you: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

I would **NOT** like my contact information to be available to other members of WCC

### *Important Notes!*

- **All First-time applicants and their family members MUST include a copy of their driver's license or birth certificate.**
- **Membership and dues are valid for each calendar year regardless of when they were paid.**
- **All paperwork and dues must be turned in before you will be allowed to participate in any Practices, Races or Recreational Paddles**
- **Each Applicant and Family Member must sign the WCC, HCRA and PSRM waivers.**

### *Experience*

Yes No **Can you swim?**

Yes No Have you ever raced before? Highest Classification: \_\_\_\_\_

Yes No Have you ever been registered with HCRA or Moku? \_\_\_\_\_

Last club registered with \_\_\_\_\_ Years \_\_\_\_\_ Coach \_\_\_\_\_

Which program(s) would you like to participate in? **Recreational** **Competitive**

### *Membership Options*

**\$175 Family:** may include up to 4 additional household members. *(List & Sign on page 2)*  
*(Only one of the additional family members may be over the age of 21)*

**\$125 Individual:** must be 18 years of age or older on January 1, 2023 *(List & Sign on page 2)*

**\$50 Junior:** must be 17 years of age or younger with consent. *(List & Sign on page 2)*

Fee for new memberships received from October 1st through December 31st prorated at 25% of annual rate.

WCC, Inc [www.waikoloacanoecub.com](http://www.waikoloacanoecub.com)

**Waikoloa Canoe Club**

# Consent and Indemnity

In consideration of WCC, Inc. d/b/a Waikoloa Canoe Club, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, Waikoloa Land Co., Waikoloa Development Co., AtPac (Hawaii) LP, Kolea Condominiums, Hilton Waikoloa Village, Lanpar/HTL, Lonomakua Partners, LLC, Transcontinental Development (Hawaii) Co., Waikoloa Beach Association, Waikoloa Beach Marriott, Waikoloa Land & Cattle Co., and Waikoloa Resort Association allowing me to participate in their activities, and use of the facilities and/or canoes owned, leased, sponsored and otherwise affiliated with WCC, Inc. d/b/a Waikoloa Canoe Club, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, Waikoloa Land Co., Waikoloa Development Co., AtPac (Hawaii) LP, Kolea Condominiums, Hilton Waikoloa Village, Lanpar/HTL, Lonomakua Partners, LLC, Transcontinental Development (Hawaii) Co., Waikoloa Beach Association, Waikoloa Beach Marriott, Waikoloa Land & Cattle Co., and Waikoloa Resort Association, (hereinafter referred to as Waikoloa Canoe Club activities) I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge WCC, Inc. d/b/a Waikoloa Canoe Club, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, Waikoloa Land Co., Waikoloa Development Co., AtPac (Hawaii) LP, Kolea Condominiums, Hilton Waikoloa Village, Lanpar/HTL, Lonomakua Partners, LLC, Transcontinental Development (Hawaii) Co., Waikoloa Beach Association, Waikoloa Beach Marriott, Waikoloa Land & Cattle Co., and Waikoloa Resort Association, and its respective officers, members, agents, representatives, successors, assigns and each of them (hereinafter the "Group") from all liability to me, my spouse, legal representatives, heirs and assigns for any and all loss or damages resulting there from, whether caused by the negligence of the Group or otherwise, which I may incur while participating in the Waikoloa Canoe Club activities. I further agree to indemnify "The Group" against all claims, demands, and damages or costs which they may incur by reason of my participation in the Waikoloa Canoe Club activities. Furthermore, I hereby render "The Group" harmless from any and all injuries or damages incurred or hereafter incurred by me during any activity related to the Waikoloa Canoe Club activities in which I am a participant.

The parties agree that the Waikoloa Canoe Club shall have the right to use the member's name and photographs for advertising, club publications, promotional, or any other lawful purposes through any medium, including, but not limited to, television, newspapers, magazines, newsletters, brochures, social media and websites approved by the club. The Undersigned may reasonably restrict this right, provided that written request is received by the Waikoloa Canoe Club Board within 30 days of the execution of the Agreement. While Waikoloa Canoe Club will make all reasonable efforts to abide by member's wishes, we cannot guarantee an occasional incidental use of a member's name or image will never occur (e.g., crowd/group shots).

**By signing this application, I affirm that all of the information presented here is true and correct. If accepted for membership, I agree to abide by the bylaws, rules, policies, procedures, and codes of conduct of the Waikoloa Canoe Club and Moku O Hawaii Canoe Racing Association. I agree to hold the club harmless for any injury or illness incurred, directly or indirectly, as a result of my membership or my participation in physical training, paddling or racing.**

**A Family Membership includes up to four members of the Primary Applicant's family**  
*(Only one of the additional family members may be over the age of 21)*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

## Primary Applicant

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Parent or Guardian *(if primary applicant is under 18)*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*\*\*Separate HCRA and PSRM Waivers must be attached for the Primary Applicant and each Family Member\*\*\***

Please make checks payable to: **Waikoloa Canoe Club** - P.O. Box 384287, Waikoloa, HI 96738