

# REBECCA & ERIC GIDDENS SLALOM CLINICS – 2005 KERN RIVER, CALIFORNIA

Eric and Rebecca Giddens along with Kern Valley River Council are offering four slalom clinics for 2005. The first is to take place two days prior to the start of the Kern River Festival on April 14-15 at Riverside Park. The other three will be weekend sessions held at the Miracle Hot Springs Slalom site located on the Lower Kern River, July 30-31, August 6-7 and August 13-14. These slalom clinics are for intermediate and advanced boaters. Rebecca Giddens, silver-medalist at the 2004 Olympics, is currently one of the top ranked women in the world, the 2002 World Champion, a member of the 2000 Olympic team, and a four-time National Champion. Eric Giddens was a member of the 1996 Olympic Team, 2000 and 2004 Olympic Coach and an internationally-ranked member of the U.S. National Slalom Team for many years



Each clinic will be limited to 7 paddlers. Students will receive personalized instruction, focusing on slalom techniques and skills that can be utilized for all river boating. The Miracle Hot Springs site has Class 1 to Class III features, and the different sections will be used to demonstrate and practice a wide variety of paddling skills and techniques. A slalom boat is not required and the clinics are open to K-1 and C-1 paddlers. The Miracle clinics will be good training for those who wish to race in the U.S. Slalom Nationals on August 28<sup>th</sup>.



These two-day clinics will include on-shore instruction (the "Class Room" session) and video recording and review. Because of the small number of students, each person receives professional and personalized instruction specific to their level of paddling. Lunch is included for both days. Cost of a two-day clinic is \$295 per person.

To sign up, please contact Terry Valle at (818) 340-3083 or email [tvalle@ix.netcom.com](mailto:tvalle@ix.netcom.com). These clinics are being offered through Kern Valley River Council, a California public-benefit non-profit organization. Proceeds go directly towards Kern River projects. These clinics are offered by Kern Valley River Council, a non-discriminatory organization, under a special use permit granted by the U.S. Forest Service, Sequoia National Forest.

# GIDDENS SLALOM CLINICS REGISTRATION FORM

**A Signed ACA form must be included with this Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

ACA # \_\_\_\_\_ (number must be provided to waive insurance fee)

Paddling level: \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Type boat: \_\_\_\_\_ K-1 \_\_\_\_\_ C-1 \_\_\_\_\_ Composite \_\_\_\_\_ Plastic

Please indicate which class you would like to sign up for:

_____ Two Day session, April 14-15	\$295.00	\$ _____
_____ Two Day session, July 30-31	\$295.00	\$ _____
_____ Two Day session, Aug 6-7	\$295.00	\$ _____
_____ Two Day session, Aug 13-14	\$295.00	\$ _____
_____ Clinic insurance fee (ACA insurance fee) (this is waived if you present a current ACA membership card & number)	\$ 10.00	\$ _____
TOTAL		\$ _____

Please make checks payable to "KERN VALLEY RIVER COUNCIL" and mail to:

KERN VALLEY RIVER COUNCIL  
23112 BALTAR STREET  
WEST HILLS CA 91304-3503

As the enrollment is very limited, full payment is required to secure your place in these clinics. Call to enroll, then mail payment. If you wish to pay with a credit card, please inquire as to the procedure. Phone number is (818) 340-3083.

Note: A \$5.00 per day fee is charged by the Miracle Hot Springs Organization for day use parking. All vehicles parking at Miracle will be required to pay this. This fee is not part of Kern Valley River Council and accordingly, cannot waive it.



AMERICAN CANOE ASSOCIATION, INC.  
WAIVER AND RELEASE OF LIABILITY  
READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest official and discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ACA #: \_\_\_\_\_ CLUB/ORGANIZATION: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS

LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_