

POTOMAC PADDLESPO RTS

INDOOR WHITEWATER LESSON PACKET

Thank you for registering for lessons with Potomac Paddlesports! You'll soon discover that, for a bunch of paddlers, we're pretty organized. This packet of information is provided to help keep you organized and ensure that you are fully prepared for your lessons. **Please review all of this information carefully at least one week prior to your lesson.** You may contact us at any time with questions by calling 301-881-2628 or emailing us at info@potomacpaddlesports.com. For expert service when purchasing paddling clothing or equipment, please visit our retail store at 11917 Maple Avenue, Rockville, Maryland 20852. Thanks in advance for your patience and receptivity as a student! We look forward to paddling with you!

This packet contains the following:

Page 2	List of things to bring
Page 3	Adult/minor liability release form (Bring a new copy to each lesson.)
Page 4–5	Medical questionnaire (Bring to you first lesson. Bring a new copy to subsequent events <i>if information changes.</i>)
Page 6	Directions and map to lessons

A few notes and answers to the most frequently asked questions:

1. You must register online for all pool practice sessions and classes due to limited availability.
2. POTOMAC PADDLESPO RTS DOES NOT PROVIDE EQUIPMENT FOR INDOOR USE UNLESS YOU ARE AN INDOOR/ OUTDOOR PACKAGE STUDENT. Kayak rentals are available first come, first served, at our retail store located at 11917 Maple Avenue, Rockville, MD 20852, 301-881-2628. You must be able to properly transport a kayak with a roof rack or pickup truck and have your own tie-downs (both available for purchase at the store).
3. 72 hours' notice of cancellation is required (online).
4. Please arrive twenty minutes prior to the course start time with your waiver and medical forms completed and in hand. Repeat students need not turn in another Medical Form but must turn in a COMPLETE waiver for each session.
5. PLEASE NOTE: BLANK WAIVERS OR MEDICAL FORMS WILL NOT BE PROVIDED ON SITE!
6. Be sure your equipment is appropriate for your skill level. Beginners who show up in a playboat usually have a harder time learning to roll. If you are new to the sport and are renting gear please request a kayak of the appropriate volume and with a "displacement hull" or "soft chines." Speak with our retail staff about this.
7. Take the time to properly outfit your kayak with hip pads, supportive back band, and correct foot brace adjustment prior to your lesson. This is mandatory if you really hope to learn to roll in a short period of time.
8. EQUIPMENT MUST BE THOROUGHLY CLEAN INSIDE AND OUT!
9. HELMET AND PERSONAL FLOATATION DEVICE ARE REQUIRED.
10. If you have not taken a whitewater class with Potomac Paddlesports you must demonstrate your wet exit prior to taking a class. (This does not apply to experienced paddlers in the practice pool.)
11. All participants must be in a kayak at all times. No wading or instruction except by ACA-certified instructors.
12. DO NOT USE THE SIDE OF THE POOL FOR ROLLING PRACTICE. IT IS DANGEROUS AND PROHIBITED. Use your partner's bow or stern instead as you would in a real situation.
13. If you are in a rolling class please make the most of your time while waiting for an instructor by practicing high braces, hip snaps, or rolling. The more of these drills you do, the faster you will learn to roll!
14. CHLORINE IS DAMAGING TO PADDLING GEAR! Wash all gear with fresh water at the end of the pool session.
15. Have fun and don't forget to leave time to hang out after the pool session! We always go to Kilroy's, located in the shopping center on Braddock Road, across from the Audrey Moore/Wakefield park entrance.

POTOMAC PADDLESPO RTS

LIST OF THINGS TO BRING

The following list of things to bring is for your comfort, safety, and enjoyment of your on-water experience with us. ALL ITEMS ARE REQUIRED. Please call or visit our retail store for assistance. (See map and directions below.)

- Pre-completed Release of Liability
- Pre-completed Medical Form (if you've taken a class with us before, we only need a medical form if anything has changed since your last class.)
- One liter of water
- Waterproof snack (Clif Bar, etc.)
- Allergy medication (We require medications for all severe reactions such as bee stings, peanuts, asthma, etc.)
- Bathing suit and/or rash guard
- Eyeglass strap (so you don't lose your expensive prescription lenses)
- Note to those who wear contacts: Bring extra. (Swim goggles don't work that well. A well fitting dive mask is ok while learning to roll.)
- "Smileys" (Kayak-specific nose plugs) are a MUST HAVE item. You'll find these at our store.
- Towel and change of clothes
- Q-tips (optional)

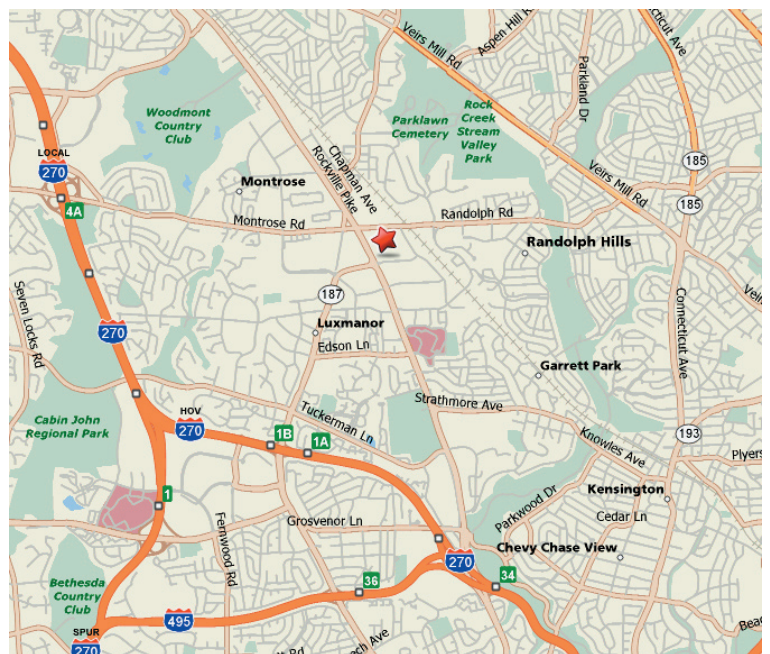
Directions to Potomac Paddlesports' RETAIL STORE (not to pool!):
11917 Maple Avenue, Rockville, Maryland 20852

From DC Beltway (I-495) OUTER LOOP, take exit 34 (Rt. 355) north toward Rockville. Go approximately 2 miles through several traffic lights and make a right onto Randolph Road. At the first traffic light make a right onto Maple Avenue. The store is the second on the left.

From DC Beltway (I-495) INNER LOOP, take exit 36 (Old Georgetown Road) north toward Rockville. Go approximately 2 miles through several traffic lights and make a left onto Rockville Pike (Rt. 355). At the first traffic light make a right onto Randolph Road. At the first traffic light make a right onto Maple Avenue. The store is the second on the left.

From Rt. 29, exit off onto Randolph Road heading west toward Rockville (if going south on 29 that's a right turn, if going north make a left turn). Continue on Randolph Road for about 8 miles making certain to bear right at the "Y" to stay on Randolph. Cross the railroad tracks, then make a left at the second light onto Maple Avenue. The store is the second on the left.

From Rt. 270, take the Montrose Road exit. Go East on Montrose Road for 2 miles to the intersection of Rockville Pike (Rt. 355). Cross Rockville Pike and at the first traffic light make a right onto Maple Avenue. The store is the second on the left.



POTOMAC PADDLESPO RTS INCORPORATED
WAIVER AND RELEASE OF LIABILITY (REQUIRED FOR EACH EVENT)
READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the Potomac Paddlesports 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 Potomac Paddlesports Inc., their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, independent contractors 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 further understand and agree that Potomac Paddlesports will not issue a refund under any circumstance.

4. By participating in or attending any activity in connection with this program, whether on or off the premises, I CONSENT TO THE USE OF ANY PHOTOGRAPHS, PICUTRES, FILM OR VIDEOTAPE TAKEN OF ME or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

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: _____ DATE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ PHONE: (_____) _____

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 PADDLESPO RTS 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: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(If participant is under the age of 18)

POTOMAC PADDLESPO RTS INCORPORATED
CONFIDENTIAL MEDICAL QUESTIONNAIRE

Participant Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone (w) _____ (h) _____ Doctor _____ Phone _____

Medical History

Please describe condition/treatment where possible:

- | | | |
|--|-------------------------------------|--|
| 1. Are you under treatment for any illness or condition?
<i>Describe:</i> | No | Yes |
| 2. Are you currently taking any medication(s)?
<i>Describe:</i> | No | Yes |
| 3. Do you have any disabilities?
<i>Describe:</i> | No | Yes |
| 4. Do you have any fears or phobias?
<i>Describe:</i> | No | Yes |
| 5. Do you feel forced to participate in this activity?
<i>Describe:</i> | No | Yes |
| 6. Do you have any history of respiratory problems?
<i>Describe:</i> | No | Yes |
| 7. Have you been directed to carry an inhaler or other breathing device?
<i>Describe:</i> | No | Yes |
| 8. Do you have any allergies?
<i>Describe:</i> | No | Yes |
| 9. Are you allergic to bee stings?
Have you been directed to carry an epi kit?
Is it with you now? | No
No
No | Yes
Yes
Yes |
| 10. Do you have a condition requiring regular medication? (e.g. diabetes, epilepsy, etc.):
<i>Describe:</i> | No | Yes |

11. Have you ever had **any injuries including back, spine, broken bones, dislocations, sprains, soft tissue injury?** **No Yes**

LIST injury, year of occurrence and current condition:

12. Do you have a **history of heart problems?** **No Yes**

(i.e. high cholesterol, heart murmur, MI, surgery, etc.):

Describe:

13. Has your doctor told you to **limit your activity** in any way? **No Yes**

Describe:

Note: Research has demonstrated that kayaking can raise heart and respiration rates in any participant and that persons with heart and respiratory problem histories can be placed at extreme risk. If this is true for you, consult your physician. If you are already on site, you may be asked to limit your participation.

14. Have you ever undergone **surgery?** **No Yes**

Describe:

15. Are you pregnant? **No Yes**

How many months?:

16. Are there **other factors** we should know about you before you start this program? **No Yes**

Describe:

17. I have answered the above questions accurately and completely. **No Yes**

18. I believe that I am in good health, and I affirm that my participation in Potomac Paddlesports activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow **medical** advice before participating. **No Yes**

19. The staff at Potomac Paddlesports has my permission to seek and/or administer emergency care in the event that: the health and well-being of the participant is involved; and the participant and/or parent/guardian is unable to respond or cannot be reached at the time of the emergency; or due to the nature of the emergency, there is insufficient time to contact the parent or guardian. **No Yes**

FOR MINORS ONLY

18. I believe that my son/daughter/ward is in good health, and I affirm that his/her participation in Potomac Paddlesports activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow **medical** advice before participating. **No Yes**

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Please use reverse side of this page if additional space is needed to complete document.

POTOMAC PADDLESports

DIRECTIONS TO INDOOR POOL SESSIONS

Indoor pool classes and practice sessions are held at the Audrey Moore Recreation Center, in Annandale. For alternate routes, Mapquest 8100 Braddock Road, Annandale, VA 22003. If you get lost, call the Audrey Moore Rec Center at 703.321.7081.

DIRECTIONS

From the Capital Beltway (I-495), take Braddock Road West (exit 54A).

Almost immediately after you get off the Beltway, take your first right into the Wakefield Park entrance. Follow the park road all the way around to the back of the park, where you'll see the Audrey Moore Rec Center and a large parking lot.

Park, then walk with your gear down the path (just to the right of the Rec Center) to the big patio behind the pool. We will meet here to collect waivers and conduct a briefing. No one is allowed inside the pool before handing in a waiver.

PLEASE have your waivers completed in hand and all your clothing and supplies ready to go twenty minutes prior to start time so that we can start promptly.

