



**4. Volunteers:**

We need much help to make this a success. If paddling is not your thing, join our support teams. Are you interested in event related volunteer opportunities? Yes No

Clean Up/Recycle Boat Valets Traffic Control Registration/Check-In Meals Other\_\_\_\_\_

**5. How Did You Hear About the PADDLEPOWER Event?**

Brochures or Poster Radio TV WCBH Employee  
PADDLEPOWER Website Newspaper Internet Family/Friend  
PADDLEPOWER Alumni Ad Other\_\_\_\_\_

**6. Disclaimer: (Please initial by each statement, then sign & date)**

\_\_\_\_\_ I understand I am responsible for my own equipment (tent, canoe, flotation devices, sleeping bag, personal property), all transportation of my gear during the event, and for making overnight camping reservations directly with Sandy Orndorff at 448-0126 or HPostupack@wcbh.org

\_\_\_\_\_ PADDLEPOWER Vans will transport paddlers at the start and end of each day's events. Vans will only provide emergency transportation at any other time during the event. I understand that if I need to leave for personal reasons during the event (at rest stops or lunch), I must arrange for my own transportation.

\_\_\_\_\_ For the safety and comfort of pets and other participants, I understand that my pet will not be able to attend the event. This includes pets on boats and during all event gatherings.

\_\_\_\_\_ I understand and agree not to use alcohol or other mood-altering drugs while paddling on the river. I understand that if I do use any of these substances I will be requested to refrain from paddling.

\_\_\_\_\_ I certify that I am over 18 years of age. (For participants under 18, written parental consent is required).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. PADDLER REGISTRATION FEE: Each Registrant: \$25.00**

Registration fees are non-refundable and non-transferable and are not tax deductible.

(Includes: T-shirt, PADDLEPOWER Gift Bag, All meals, Saturday night camping)

Method of payment:

Check enclosed with Registration - Check Number: \_\_\_\_\_

Credit Card:

Visa

MasterCard

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code #: \_\_\_\_\_ Expiration: \_\_\_\_\_

I hereby authorize West Central Behavioral Health to charge the above listed credit card in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Card Holder

\_\_\_\_\_  
Date

**8. T-SHIRT INFORMATION - PADDLER:**

Yes, I would like a PADDLEPOWER T-shirt:

**SLEEVELESS T-SHIRT:**

Small    Medium    Large    X-Large    XX-Large    XXX-Large

**SHORT SLEEVE T-SHIRT:**

Small    Medium    Large    X-Large    XX-Large    XXX-Large

No, I do not wish to have a PADDLEPOWER T-shirt

**9. T-SHIRT INFORMATION - VOLUNTEER:**

Yes, I would like a VOLUNTEER T-shirt:

**SLEEVELESS T-SHIRT:**

Small    Medium    Large    X-Large    XX-Large    XXX-Large

**SHORT SLEEVE T-SHIRT:**

Small    Medium    Large    X-Large    XX-Large    XXX-Large

No, I do not wish to have a VOLUNTEER T-shirt

**10. PLEASE CHECK THE YEARS YOU HAVE PARTICIPATED IN "PADDLEPOWER":**

First Time    2010    2009    2008    2007    2006    2005    2004    2003

**11. MAIL IN YOUR REGISTRATION:**

Checklist:

- Completed Registration Form
- Completed Emergency/Health Form
- Completed Participant Liability Waiver & Release form
- Registration fee: Make Check Payable To: **WCBH - PADDLEPOWER**
- T-Shirt choice/size
- I would like to purchase \_\_\_\_ additional dinner tickets at \$15.00 each. **Children 5 and under free.**

**Mail Registration, Emergency/Health, and Liability Waiver & Release forms to:**

**West Central Behavioral Health  
PADDLEPOWER Registration  
9 Hanover Street, Suite 2  
Lebanon, NH 03766**

**THANK YOU FOR PARTICIPATING!  
SHOULD YOU HAVE ANY QUESTIONS PRIOR TO THE EVENT, PLEASE CONTACT US.  
(603) 448-0126**

# WEST CENTRAL BEHAVIORAL HEALTH

AFFILIATE OF THE DEPARTMENT OF PSYCHIATRY, DARTMOUTH MEDICAL SCHOOL



## PARTICIPANT LIABILITY WAIVER & RELEASE

I, \_\_\_\_\_, agree to participate in the PADDLEPOWER fundraising, two-day canoe/kayak trip along the Connecticut River to benefit West Central Behavioral Health. I understand that **PADDLEPOWER/West Central Behavioral Health** intend this to be a charitable event to raise money for Suicide Awareness and Prevention. **I certify that I am over eighteen (18) years old. (For participants under the age of 18, written parental/legal guardian consent is required) and I understand the following:**

- 1. This two-day rowing/paddling event is strenuous activity.**
- 2. I should consult with my doctor before engaging in this activity if I have any questions about my ability to participate or complete it.**
- 3. I am participating strictly as a volunteer/paddler and for the sole purpose of helping to raise money for a cause, which I support.**

By signing below, I acknowledge receipt and understanding of the rules, regulations and safety plan, and I agree to abide by the rules and regulations of PADDLEPOWER, the State of NH, and the Division of Marine Patrol.

I hereby release **PADDLEPOWER** and **West Central Behavioral Health**, its officers, organizers, employees, volunteers and all persons involved in the management and set up of this voluntary fundraising activity, from any liability and waive any liability rights I may have now or that may arise for any injury caused to me or any member of my family participating with me in this event.

I consent to the use by West Central Behavioral Health-PADDLEPOWER and its agents and assigns, of the participant's photograph, video, name, comments, and /or voice in any film, videotape, recording, sound track, and/or other mechanical means of recording picture and/or sound. I also consent to the use and reuse thereof on any television or radio station and/or in any Organization publication for West Central Behavioral Health-PADDLEPOWER at such time or times as said Organization and its agents and assigns desire to use the same. I do hereby release and hold harmless West Central Behavioral Health-PADDLEPOWER and its agents and assigns from any liability arising out of said participation in any Organization publication, advertisement, and/or promotion. The participant hereby agrees to comply with all of the rules and regulations of West Central Behavioral Health-PADDLEPOWER and its agents and assigns to the right of use, and license others to use the participant's photograph, video, name, comments, and/or voice to advertise and publicize said Organization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (or Legal Guardian if under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness



## PADDLEPOWER EMERGENCY/HEALTH FORM

(This form must be completed and on file with the Safety Office prior to the beginning of the event)

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In Case of an Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Name and Phone Number of Physician/Clinical Practice where you receive your normal medical care:  
\_\_\_\_\_  
\_\_\_\_\_

Please give specific responses if answer is "yes" to any question below

1. Does the participant have any allergies?     No Known Allergies  
 Yes (Please be very specific, i.e. bee sting, medications, food, etc., and what the reaction is)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Medications regularly taken?     No     Yes (If yes, specify drug and condition)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are there any medical conditions that may require special attention? (Please be specific)     No     Yes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there any other medical information that the Safety Officer & Crew should be aware of?     No     Yes  
\_\_\_\_\_  
\_\_\_\_\_

Medical Release: In the event of injury, I authorize the Safety Officer and Safety Personnel to seek and/or administer first aid or emergency medical care as deemed necessary. We the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge West Central Behavioral Health, PADDLEPOWER, its staff, officers, agents, representatives, employees, successors and assigns, of and from any and all rights and claims for damages to person or property activities, or while at the program site.

Signature of Participant/  
Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# West Central Behavioral Health – 9<sup>th</sup> Annual PADDLEPOWER

## Event Summary

PADDLEPOWER is a two-day canoe/kayak trip down the Connecticut River to raise money for suicide prevention and West Central Behavioral Health's Emergency Services program. Rest stops with meals, refreshments and overnight accommodations will be available to all paddlers, team members and volunteers. Activities and meals are planned at Storrs Pond campground on Saturday evening and Sunday morning.

## Location

PADDLEPOWER will begin on Saturday morning at Boat Landing Road in Orford, NH and end with lunch and a closing ceremony on Sunday afternoon at Kilowatt Park in Wilder, VT.

## Dates of Event

**Saturday, August 20<sup>th</sup> and Sunday, August 21<sup>st</sup>**

## Responsibilities of PADDLEPOWER Participants

- ◆ **Participants must be at least 15 years of age by July 1, 2011.**
- ◆ Dress for the weather and water conditions, and be prepared for inclement weather. Participants should not wear personal accessories, equipment or any jewelry that may impede their ability to escape from a capsized boat or to swim unaided once in the water.
- ◆ Each participant must be water confident when wearing a personal floatation aid (PFA), but ideally able to swim unaided at least 50 meters in wet clothing. All novice adult participants are encouraged to wear PFAs. ***Participants under the age of 18 must wear a personal floatation aid at all times while on the river.***
- ◆ Each participant shall sign consent forms indicating they have received, reviewed and understand all safety rules and regulations for the event, and agree to abide by all NH State laws, rules and regulations. A copy of the NH Boating laws can be obtained from the NH Department of Marine Patrol.
- ◆ Each participant shall sign and have on file with the Event Organizer, West Central Behavioral Health (WCBH), and the Safety Officer, waivers of liability, a participant registration form, and necessary emergency medical contact information.
- ◆ Each participating team shall provide their own boat, oars/paddles and camping equipment (tents). Boats should meet all marine safety protocols and be "seaworthy". Boats that are deemed unsafe will not be allowed to participate in the event.
- ◆ Each participating watercraft shall have the necessary PFAs for each member of the team in the watercraft.
- ◆ In the event of a watercraft capsizing, each paddler, once in the water, should first account for their other team member(s). On the arrival of the rescue boats, the team should move as directed by the safety personnel, notifying the Safety Team Leader of any participant not accounted for.
- ◆ Paddlers in need of assistance from the safety team should use the international signal for help, by putting their paddle in the air vertically. In the event of an emergency, the Safety Officer will make any necessary notifications to family, etc.
- ◆ Each participant is responsible for his/her own personal belongings and transportation to and from the event.
- ◆ No alcohol consumption or smoking while on the river
- ◆ At no time shall illegal drugs be permitted. Prescription medication should be clearly marked with the patient's name and prescribing physician.
- ◆ Alcohol is not allowed on the beaches or in other public areas at Storrs Pond Recreation Area (Campground). All local and state rules shall be obeyed, and no person under the legal drinking age (21) shall be in possession of alcoholic beverages at any time. Alcoholic beverages will not be provided by the event sponsors. Please be considerate of other campers. **DO NOT THROW CIGARETTE BUTTS ON THE GROUND OR IN THE WATER!**

# **PADDLEPOWER Safety Plan**

## **Planning and Contact with Relevant Authorities**

▪NH Marine Patrol   ▪Vermont Fish & Wildlife   ▪NH Department of Parks & Recreation   ▪Town of Hanover Communications Division

## **Communications During the Event**

Safety personnel will be equipped with the appropriate radio communications capability. Each safety team will be able to communicate with the Safety Officer, who will have the capability to communicate directly with the Regional Communications Center and Dartmouth-Hitchcock Medical Center Emergency Department. The Safety Officer or his/her designee will be on the river at all times.

## **Training of Safety Personnel**

Each safety team will consist of professionally trained personnel, (EMTs, Paramedics, Firefighters and Police Officers). Each team will have a team leader. This leader will be the contact person for the Safety Officer in the event of an emergency. Safety personnel shall be easily identified at all times during the event. All nursing/medical support on land shall be provided by professionally trained personnel (RN, LPN, EMT, Paramedic, MD). Any injury (other than minor strains, sprains or care of blisters) shall be reported to the Safety Officer for documentation. If the patient requires greater emergency medical care, the safety officer is to be notified immediately and a safety team from the river shall respond.

## **Responsibilities of the Safety Team Leader**

Each registered participant shall be accounted for after each rest stop. The Safety Officer shall be notified of changes in team members (safety personnel and participants). The Safety Officer will have a current list of all participants and volunteers on the river at any given time.

## **Cancellation/Cessation of Event**

Cancellation/Cessation of the event will be at the discretion of the Event Organizer (WCBH) and the Safety Officer.

## **Emergency Route**

The Event Organizer (WCBH) and Safety Officer will work with landowners to obtain access/egress routes for emergency vehicles and personnel.

## **Press and Publicity**

The only persons authorized to make statements to the press are the Event Organizer (WCBH).

## **Medical Facilities**

All persons requiring emergency care at a medical facility will be transported by local ambulance service to Dartmouth-Hitchcock Medical Center Emergency Department in Lebanon, NH.

## **Reports and Documentation**

The Event Organizer (WCBH) and the Safety Officer are responsible for the completion of all accident forms. The Safety Officer or their designee shall have available during the event, emergency medical information for each registered participant and volunteer.

## **Lost Children/Meeting Points/Lost Property**

All participants in any watercraft must be at least 15 years of age. If at any time a participant is missing, notification must be made immediately to the Event Organizer (WCBH) and the Safety Officer. There will be designated rest stops throughout the day. At each rest stop, toilet facilities and refreshments will be available. It is the responsibility of each participating team to notify event staff conducting check-in/check-out on the water if there is going to be a team change. Each paddler shall check in at each rest stop. Non-paddlers should not enter the water while participants are entering or leaving the rest stops. Non-paddlers entering the water do so at their own risk. There is NOT a lifeguard on duty at the rest stops.

In the event of sudden inclement weather, meeting points will be determined along the course and clearly marked for participants to locate.

Families are encouraged to participate in the overnight camping and the closing ceremonies; however, all minor children (under the age of 15) must be accompanied by an adult and may not be a participant on the river during the event.

Any lost property should be reported to the Event Organizer (WCBH), and depending on value, to the local police department.

## **Boating Rules and Regulations from the NH Division of Marine Patrol:** **Connecticut River – New Hampshire Jurisdiction**

New Hampshire law prohibits anyone from boating while intoxicated (BWI) - that is, operating any vessel (including vessels propelled by a motor or sail, canoes and kayaks) while under the influence of alcohol, controlled drugs or any combination of alcohol and controlled drugs.

The following conditions determine if you are boating under the influence:

- ◆ If your blood alcohol concentration is 0.08% or greater by weight of alcohol as determined by a breath, blood or urine test, you are considered to be under the influence of alcohol.
- ◆ If your blood alcohol concentration is greater than 0.03% but less than 0.08% by weight of alcohol as determined by a breath, blood or urine test, that fact along with other evidence can be used to determine if you are under the influence.

New Hampshire law establishes the following penalties. Persons Convicted of Boating Under the Influence Shall:

- ◆ Lose the privilege to operate a vessel for at least one year
- ◆ Receive a fine of up to \$500
- ◆ Have the conviction also become part of his or her vehicle driving record, and lose his or her driver's license and the privilege to drive a vehicle for at least 90 days.
- ◆ If a person boating under the influence has on board someone under the age of 16 years, the offender also must complete a 7-day alcohol and drug program at his or her own expense.
- ◆ If a person boating under the influence causes the death of another person, he or she may be charged with a felony.

By operating a vessel on New Hampshire waters, you have consented to a sobriety test if requested by a law enforcement officer. Refusal to be tested is a separate offense and may be offered as evidence in civil or criminal action.

### **Discharge of Trash**

It is illegal to dump garbage, INCLUDING CIGARETTE BUTTS and plastics into most federally controlled waters and all state waters. You must store trash in a container onboard and place it in a proper receptacle after returning to shore.