

Official  
Registration  
Form



REQUIREMENTS

For Office Use Only  
0253-542-IWAT-0657

- **Registration and Refund Deadline:** June 5, 2009. Registration forms will be accepted after this date, but participants will be charged a **\$10 per person** late registration fee.
- Event organizers reserve the right to modify Project AWARE plans if environmental conditions are deemed too dangerous for river cleanup. If alternative plans need to be implemented, refunds cannot be granted (unless they are requested before the registration/refund deadline).
- Registration may be limited and will be confirmed on a first-come, first-served basis determined by receipt of this form. When forms are processed, volunteers will receive notice of their status.
- Camping is provided for AWARE volunteers, but in the form of tent-camping only.
- A limited number of canoes are available and will be provided on a first-come, first-served basis.
- Availability of Pre-Post Event Shuttles may be limited and will be provided on a first-come, first-served basis. Carpooling amongst volunteers to and from the event is strongly recommended.
- Registration fees cover the cost of your meals. It is recommended that you order meals, but not required. Meal availability cannot be guaranteed after June 5, 2009.
- Make checks payable to **IOWA DNR** and write **PROJECT AWARE** in the "Memo" portion of the check.
- Only one person may register per form.
- Volunteers are required to bring reusable water bottles (bottled beverages will not be available) and dinnerware (plate, bowl, coffee cup, silverware). Wash basins will be available after meals.

Customer Name	Date _____	
Street Address	City, State Zip Code _____	
Pay To The Order Of	<b>Iowa DNR</b>	\$ _____ Dollars
Memo	<b>Project AWARE</b>	

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Phone (w/ area code): \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  X-Large  XX-Large

What type of volunteer do you wish to be?  On-River Paddler  Land-Based Recycler

Do you need a canoe?  Yes  No, I will be bringing my own:  Canoe  Kayak  Solo Canoe  
\* If bringing a tandem canoe, but you wish to paddle solo, check *Solo Canoe*. If you plan to paddle with a partner, check *Canoe*.

What is your paddling skill level?  Beginner  Intermediate  Experienced

Do you have a Partner?  No  Yes – Who? \_\_\_\_\_

Will you be bringing your own PFD (life jacket use is mandatory on AWARE)?

- Yes – Please make sure it's appropriately sized.
- No – An orange "keyhole" style PFD will be available if you check this box. These tend to be uncomfortable, and since PFD use is required, it's recommended that you bring your own.

The use of Project AWARE shuttle services is not required. For detailed shuttle information, please visit the Project AWARE website – [www.iowaprojectaware.com](http://www.iowaprojectaware.com).

**Pre-Post Event Shuttle – Free**

Will you be using a Project AWARE Shuttle on **Saturday, June 20<sup>th</sup>**?

- No**
- Yes** – Please select from the shuttle options below:
  - Des Moines Shuttle (11:00am) – **Leaving a vehicle?**  **Yes**  **No**
  - Muscatine Shuttle (noon) – **Leaving a vehicle?**  **Yes**  **No**
  - Iowa City Shuttle (12:30pm) – **Leaving a vehicle?**  **Yes**  **No**

**Daily Shuttles – \$20 per person per day – Shuttles depart daily at 5:00pm**

Due to the exceedingly limited parking availability at sites along the AWARE route, the use and daily shuttling of **personal vehicles on AWARE is strongly discouraged**. Daily shuttles, however, will be available at a cost of \$20 per person per day. This shuttle service will take participants back to the previous night’s camping location only, so if you plan to participate on AWARE for multiple days, you must use and pay for the shuttle each day. Pre-registration for daily shuttles is not available – to use a shuttle you must sign up and pay onsite. **PLEASE NOTE:**

- An e-ride board is available on the AWARE website, and a ride board will also be available onsite to help volunteers work with one another to make their own shuttle arrangements.
- Daily shuttles may not be necessary on Sunday, June 21, or Saturday, June 27, as all volunteers will be shuttled back to Pleasant Creek State Recreation Area on 6/21, and the event ends at Saulsbury Bridge Recreation Area on 6/27. Volunteers arriving on these days must simply join the AWARE group in the morning at these respective locations.

When will you arrive/depart?*			Please indicate which meals you will be purchasing.			Calculate your registration fee
AM	PM		Breakfast	Lunch	Supper	Daily Totals
<input type="checkbox"/>	<input type="checkbox"/>	<b>Saturday, 6/20</b>	N.A.	N.A.	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sunday, 6/21</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Monday, 6/22</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tuesday, 6/23</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Wednesday, 6/24</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thursday, 6/25</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	<b>Friday, 6/26</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$8.00	\$
<input type="checkbox"/>	N.A.	<b>Saturday, 6/27</b>	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$7.00	N.A.	\$
<b>Plus \$10 Late Registration Fee (If after June 5, 2009):</b>						<b>\$10.00</b>
						<i>If after June 5, 2009</i>
<b>Total Registration Fee:</b>						\$

For a complete menu, please visit the Project AWARE website. Sack lunches and ice will be distributed with breakfast each morning – please bring a cooler and bag/container to hold ice.

Do you have special dietary needs? *Vegetarian, vegan, and other menu alternatives may be available, but can only be guaranteed if ordered by June 5, 2009.*

- No**
- Yes** – How may we accommodate those needs?



# PROJECT AWARE PARTICIPATION REQUIREMENTS, SAFETY INFORMATION, RELEASE & WAIVER OF LIABILITY

The following is required while participating in Project AWARE:

- **Personal Floatation Devices (PFDs – life jackets) *are required* to be worn at all times when participants are in a vessel on the water. Children require appropriately-sized PFDs. It is the responsibility of the participants to supply appropriately-sized PFDs for themselves.**
- **All participants must portage around all low-head dams.**
- **Parents/legal guardians and/or authorized adult companions of children under 18 years of age will be responsible for the child’s safety. By signing below, the parent/legal guardian of the minor agrees to the terms and conditions of this waiver, and authorizes the designated legal adult named below to be responsible for the minor.**
- **If paddling a multi-passenger vessel, all persons under the age of 16 must be accompanied by a legal adult in said vessel. If paddling a vessel solo, all persons under the age of 16 must be within visual sight of their authorized adult companion.**

Are you 18 years old or over?  Yes  No – *a legal parent/guardian must also sign this form*

The volunteer and parent/legal guardian(s), by signing below, recognize that the program involves some risk and that she/he takes responsibility for all action or injury that may result in participating in Project AWARE. **All children under 18 must be accompanied by a parent/legal guardian or authorized adult companion, and must have a parent/legal guardian signature(s) and, if applicable, authorization of an approved adult companion, below.** The volunteer and parent/legal guardian, by signing below, agree to the following statement: **All participants *are required* to wear an appropriately-sized PFD (personal flotation device) at all times when they are in a vessel on the water.**

I, \_\_\_\_\_ (volunteer name) and \_\_\_\_\_ (parent/legal guardian name), hereby release, waive, discharge and covenant not to sue the State of Iowa, Iowa Department of Natural Resources, Board of Regents-State of Iowa, The University of Iowa, Iowa State University, any canoe outfitter, county or other agencies, partners, cooperating landowners, event volunteers and coordinators, sponsors, and any of the offices, servants, agents and employees of the above-mentioned entities (hereinafter referred to as “RELEASEES”) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including but not limited to drowning or other event-related death, that occurs as a result of \_\_\_\_\_’s (volunteer name) participation in Project AWARE.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by \_\_\_\_\_’s (volunteer name) negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

Participants understand that photographs may be taken during the project and may be used in the future to chronicle and publicize the project.

**By signing this Release and Waiver of Liability,  
I state that I have read and understand the conditions set forth in this Release and that  
I agree to all conditions set forth herein, and that I sign this voluntarily.**

<b>Signature of Volunteer</b>	<b>Printed Name of Volunteer</b>	<b>Date</b>

I/we \_\_\_\_\_ (name(s) of parent/legal guardian) authorize \_\_\_\_\_ (name of child) to be accompanied on the trip by \_\_\_\_\_ (name of authorized adult companion).

<b>Signature(s) of Parent/Legal Gaurdian</b>	<b>Printed Name(s) of Parent/Legal Guardian</b>	<b>Date</b>

<b>Signature of Authorized Adult Companion</b>	<b>Printed Name of Authorized Adult Companion</b>	<b>Date</b>

# A.W.A.R.E. Medical History Questionnaire



We would like to have this questionnaire on file in case of a medical emergency.  
Filling out this form could provide us with important information if you are injured.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  M  F

Guardian Name (if <18 yrs.): \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

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

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Yes  No Are you allergic to any medication (aspirin, penicillin, etc?) List: \_\_\_\_\_

Yes  No Do you take any medication? List: \_\_\_\_\_

Yes  No Have you ever been told by a doctor that you have epilepsy? When: \_\_\_\_\_

Yes  No Have you had recent surgical operations, accidents or injuries? When/What: \_\_\_\_\_

Yes  No Have you been "knocked out" unconscious, had a concussion or head injury? When: \_\_\_\_\_

Yes  No Are you pregnant?

Yes  No Do you wear glasses?  Yes  No – Contact lenses?

Date of last tetanus immunization: \_\_\_\_\_

Please check any of the following medical conditions you have had within the last 5 years:

Hay fever or allergies (especially to bees, ants, etc.)  Heart disease  High Blood Pressure

Asthma  Diabetes  Seizures  Fainting Spells

Do you have any medical training:  Doctor  Nurse  EMT  First Responder

CPR  First Aid Other: \_\_\_\_\_

Is there anything else about your health we need to know in case of an emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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