

**AMERICAN CANOE ASSOCIATION**  
**Dec. 1, 2017 – Nov. 30, 2018**  
**PADDLE AMERICA CLUB AGREEMENT AND INSURANCE PROCEDURES**

Including  
**PAC Insurance, Waiver and Reporting Requirements**  
**PAC Certificate of Insurance Request Form**  
**PAC Insurance Contact Information Form**  
**PAC Additional Insured Request Form**  
**Incident/Accident Report Form**

The **AMERICAN CANOE ASSOCIATION**, (hereinafter referred to as “ACA”) and \_\_\_\_\_ (hereinafter referred to as “the PAC”) enter into this Paddle America Club Agreement (this “Agreement”) to enroll the Club in the ACA’s Paddle America Club program, and to promote both organizations to the paddlesports community in general. This agreement lists the roles and responsibilities of ACA and the PAC, and also sets forth the procedures and requirements for obtaining ACA insurance.

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**WHEREAS** the ACA, a nonprofit organization under section 501(c)(3) of the Internal Revenue Code, provides education on matters related to paddling, supports stewardship of the paddling environment, and enables programs and events to support paddlesports recreation,

**WHEREAS** the ACA recognizes that local and regional paddling clubs provide the most visible and readily available opportunities for individuals to participate in paddlesports, and therefore are vital to the ACA’s pursuit of its education, stewardship and recreation goals,

**WHEREAS** paddling clubs recognize that the ACA provides valuable services to the paddlesports community, and wish to support the ACA and its programs by offering their individual members an opportunity to purchase an ACA membership,

**WHEREAS** ACA and its member paddling clubs, working together, are better able to obtain affordable insurance coverage, and can thereby enhance their collective ability to sponsor paddlesports education, recreation, and stewardship activities,

**NOW, THEREFORE**, the ACA and the Paddle America Club willfully enter into this Agreement.

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**SECTION I. Roles and Responsibilities of the American Canoe Association**

The ACA assumes the following roles and responsibilities while this agreement is in effect:

- A. **Promotion and Support of PACs:** The ACA agrees to promote and support the Paddle America Club Program and its individual Paddle America Clubs through ACA publications, the Paddle Ready app, and the ACA website. The ACA also agrees to provide access to expertise in stewardship and public policy, safety education and instruction, recreation and athletic competition.
- B. **Membership:** The ACA agrees to make ACA memberships available to members of the PAC at the rates of \$30.00 per individual and \$40.00 per family per year (12 months). These members will be known as “ACA Paddle America Club Members” or “ACA PAC Members.”
- C. **General Liability and Excess Liability Insurance:** The ACA agrees to provide insurance coverage under the ACA’s General Liability and Excess Liability Insurance Policies for all PAC activities that are properly registered under Section II.C of this agreement.
  - 1. Upon receipt of this agreement, the ACA will request a PAC General Certificate of Insurance using the information on the form attached to this agreement. The PAC should receive its certificate within 10 business days.
  - 2. Coverage will be for the following named insureds and activities, subject to the exclusions and limitations listed in the policy (available upon request):
    - a. Paddle America Clubs including their club members, event members, coaches, event leaders and administrators arising from club-sponsored and adult-supervised on-water activities such as sanctioned

events and workshops, practices, training, and instruction as well as off-water activities such as fundraisers, banquets and meetings; and

- b. Any person who is a volunteer worker for a named insured, but only while acting at the direction of a named insured, and within the scope of volunteer duties for a named insured.

3. **DISCLOSURE OF EXCLUSIONS: ACA insurance provides NO COVERAGE for the following types of claims or any resulting liability:**

- a. Claims against or liability of an entity or individual other than the PAC named in this agreement or the persons named in Section I.C.2, unless the entity or individual is named in a Certificate of Additional Insured.
  - b. Claims relating to or liability resulting from the operation of a motor vehicle. Claims for injuries or damages caused by a motor vehicle (including damage to boats and other vehicles) should be directed at the driver's individual auto insurance policy.
  - c. Claims relating to or liability resulting from actual or alleged abuse or molestation of any person while in the control of any named insured. The ACA's policy excludes coverage for these claims.
  - d. Injuries or damages resulting from an "accident" where no person other than the injured party is allegedly at fault. The ACA's GL policy does not provide accident coverage.
- D. Waiver of Sanctioning Fees: The ACA agrees to provide sanctioning for PAC activities and events for no additional event sanctioning charge ("additional insured" fees will still apply).
- E. ACA Promotional Materials: The ACA agrees to provide ACA promotional materials such as ACA logos and banners to the PAC for the PAC to use in promoting the ACA.

**SECTION II. Roles and Responsibilities of the Paddle America Club:**

The PAC assumes the following roles and responsibilities while this agreement is in effect:

- A. Promotion of the ACA: The PAC agrees to promote the ACA through its activities and publications, and specifically agrees to do the following:
1. The PAC will prominently display the unaltered logo of the ACA on the PAC website, on all PAC publications, promotional materials, press materials, banners, and other printed materials associated with all public activities. Display will be in accordance with the ACA Logo Style Guide. (The PAC acknowledges its use of the ACA logo is a limited license subject to the ACA's discretion, and that ownership of the ACA logo remains entirely with the ACA).
  2. The PAC will identify the ACA in connection with ACA-insured activities and events using appropriate language such as "ACA-Sanctioned Event," "Conducted in Partnership with the ACA | Canoe – Kayak – SUP – Raft - Rescue," or something similar.
- B. Membership: In order to be considered a PAC and to receive the Liability Insurance coverage referred to in Section I.C, above, the PAC agrees to the following membership requirements:
1. PAC dues: The PAC agrees to pay Paddle America Club membership dues for the 12 month period from Dec. 1, 2017 through Nov. 30, 2018. Dues will be the following amounts, based on the club's membership:
    - a. For clubs with 1 to 49 ACA Paddle America Club members, \$100.00.
    - b. For clubs with 50 to 99 ACA Paddle America Club members, \$150.00.
    - c. For clubs with 100 or more ACA Paddle America Club members, \$225.00.
  2. ACA memberships: The PAC agrees to offer its existing and newly-joining club members a discounted ACA membership for the rate of \$30.00 for individual members and \$40.00 for family members per year (12 months). The PAC will offer this option to PAC members on its membership solicitations and at the PAC's insured activities and events. At the time of purchase, the PAC will collect signed **ACA Combined Membership and Waiver and Release of Liability** forms (hereinafter "Waiver & Release of Liability forms" or "waivers") from all of its ACA Paddle America Club members and submit the **SIGNED ORIGINAL** waivers to the ACA. The PAC may copy the waivers before submitting them to the ACA. The PAC may also request a customized waiver form that names both the ACA and the PAC.
  3. Procedure for adding new Paddle America Members during the agreement period: In order to add new members to its roster during the agreement period, the PAC agrees to accept combined PAC and ACA dues payments from new members and to forward their **SIGNED ORIGINAL** waivers to the ACA along with the ACA's portion of their dues payments.

- C. Insured activities and events. The PAC agrees to meet the following requirements for insuring its activities and events:
1. Notification of PAC Activities. The PAC agrees to notify the ACA in advance of all activities to be insured, in accordance with the following requirements:
    - a. Initial Schedule of Activities: The PAC agrees to provide an initial schedule of activities as soon as possible after submission of this agreement. Schedules printed in the PAC's newsletter are acceptable if submitted to the ACA office. Schedules posted on the PAC's websites are not acceptable. Subsequent schedule changes must meet the requirements of Section II.C.1.b, below.
    - b. Schedule additions and deletions: The PAC may add activities to or delete activities from its schedule of insured activities by notifying the ACA. Additions to its schedule must be received by the ACA no later than 4pm eastern time on the business day prior to the start of the activity, and must describe the activity and state the planned venue (subject to Section II.C.1.c, below). Cancellations and deletions from the PAC's schedule must be submitted as soon as possible. Faxed notifications sent to 888-229-3792 and email notifications sent to "insurance@americancanoe.org" are acceptable if received before the 4pm deadline.
    - c. Venue changes: The PAC may make last-minute venue changes due to weather and water conditions without notification, so long as the initial notification was timely submitted and the resulting activity complies with the ACA's Risk Management Guidelines (See Section II.C.3).
    - d. Class III – V Whitewater: The PAC will provide an Insurance Registration Form (PDF or online) along with other requested documents to the ACA at insurance@americancanoe.org two weeks prior to the activity date that takes place on class III – V whitewater. The Insurance Registration Form must be reviewed and approved by the ACA National Office before coverage is granted.
  2. Additional insured and rush fees. The PAC agrees to pay the ACA \$20.00 for each additional insured request, and a \$25 rush fee for any certificate request or additional insured request submitted within ten days of the start of any activity occurring after December 1, 2017.
  3. Risk Management and Indemnification:
    - a. The PAC agrees to conduct all insured activities in accordance with the ACA's Risk Management Requirements. The PAC understands its responsibility to comply with reasonable and appropriate safety standards in conducting its activities, and acknowledges that its failure to do so could adversely impact its insurance coverage and the ACA's insurance program.
    - b. Before entering into any written or oral agreement to indemnify, hold harmless, or assume the liability of a third party, the PAC will provide ACA with a copy of the agreement and allow ten (10) business days for ACA review.
  4. ACA membership: In order to be covered by the ACA's insurance policy, all participants must be members of the ACA. To satisfy this requirement, the PAC agrees to require all participants in insured activities and events to be ACA members in one of the following ways:
    - a. As ACA Paddle America Club Members of the PAC: For members of the PAC, an ACA Paddle America Club membership in good standing satisfies the membership requirement, whether previously purchased or purchased at the time of the activity;
    - b. As current ACA Members: For participants who are not members of the PAC but are ACA members in good standing in another category (individual, family, student, introductory, life or through another PAC), the PAC agrees to accept a current ACA membership card or other proof of ACA membership in satisfaction of the participant's ACA membership requirement. (**Note**: These persons must sign a new waiver. See Section II.C.5.b, below);
    - c. As new ACA Members: For participants who are not ACA members in one of the preceding categories, the PAC may offer the option of purchasing a stand-alone (non-PAC) full-price individual, student, or family membership at current ACA membership dues rates.
    - d. As ACA Introductory Members: For participants who are not ACA members in one of the preceding categories, the PAC agrees to offer a one-time introductory ACA membership for the rate of \$15.00. Introductory members receive full ACA member benefits for a period of six months, including unlimited participation in ACA-insured activities.
    - e. As ACA Event Members: For participants who are not ACA members in one of the preceding categories, the PAC agrees to require participants to be ACA event members in order to participate in an activity. Single event memberships may be purchased for \$5.00 each. Non-refundable blocks of 25 event memberships may

be purchased for \$100.00 (\$4.00 each). Event memberships are good for a single event, defined as any one of the following:

- i. A single paddling trip lasting one or more consecutive days, not to exceed 30 days;
  - ii. A single paddling event or festival lasting one or more consecutive days, not to exceed 30 days;
  - iii. A single course of ACA instruction taught by ACA-certified instructors; or
  - iv. A single pool session. Participants in multiple pool sessions must hold at least an introductory membership in order to avoid multiple event membership fees.
5. Waivers. The ACA's insurance policy requires PACs to obtain a signed Waiver & Release of Liability form from all activity participants. In order to satisfy this requirement, **THE PAC AGREES TO REQUIRE ALL PARTICIPANTS TO READ AND SIGN AN ACA COMBINED MEMBERSHIP AND WAIVER & RELEASE OF LIABILITY FORM BEFORE PARTICIPATING IN ANY ACA-INSURED ACTIVITY, AND ALSO AGREES TO SUBMIT THE SIGNED ORIGINAL FORM TO THE ACA NATIONAL OFFICE**. The PAC may satisfy this requirement in the following ways:
- a. For members of the PAC:
    - i. In accordance with Section II.B.2, above, by collecting a signed waiver from all of its ACA Paddle America Club members when they purchase or renew their memberships, and submitting the **SIGNED ORIGINAL** waiver to the ACA. The PAC may copy the signed waiver before submitting it to the ACA.
    - ii. On the day of an insured activity, by confirming that all members of the PAC who are participating in the activity have submitted a **SIGNED ORIGINAL** waiver to the ACA, and by requiring those who have not done so to sign a waiver before participating in the activity.
  - b. For other current ACA members: By requiring all current ACA members who are not members of the PAC to **read and sign a waiver** before participating in an insured activity. This includes non-PAC ACA individual, student, family, life and introductory members, and persons who are members of another Paddle America Club.
  - c. For new introductory or event members: By requiring participants who purchase an introductory or event membership in order to participate to **read and sign a waiver** before participating in the activity.
  - d. **Failure to submit waivers: The PAC understands that failure to collect and submit signed waiver forms may expose the club to monetary liability. The ACA reserves the right to require PACs that do not submit signed original waivers to the ACA to submit a \$250 waiver deposit before insuring any additional activities.**
6. Event Reporting: The ACA must receive reports on all insured PAC activities in order to provide insurance coverage to all participants, and to keep insurance costs to minimum. Therefore, the PAC and its activity leaders agree to submit reports for their insured activities to the ACA, in accordance with the requirements listed below.
- a. Activities with no non-members: For activities in which all participants are ACA members in good standing (*i.e.*, no participants purchased a membership in order to participate), the PAC must submit a report satisfying the following requirements:
    - i. The report must indicate the total number of participants in the activity (*i.e.*, a head count), and whenever possible, the number of minor participants;
    - ii. The report must include a **SIGNED ORIGINAL** waiver for each member of the PAC who has not previously submitted a waiver to the ACA; and
    - iii. The report must include a **SIGNED ORIGINAL** waiver for each participant who is not a member of the PAC. This includes non-PAC ACA individual, student, family, life and introductory members, and persons who are members of another PAC.
  - b. Activities with non-members: For activities in which one or more participants purchased memberships (of any kind) in order to participate, the PAC must submit a report meeting the following requirements:
    - i. The report must indicate the total number of participants in the activity who are current ACA members in good standing (*i.e.*, a headcount of ACA members), and whenever possible, the number of minor participants;
    - ii. The report must include a **SIGNED ORIGINAL** waiver for each member of the PAC who has not previously submitted a waiver to the ACA;

- iii. The report must include a **SIGNED ORIGINAL** waiver for each participant who is not a member of the PAC. This includes non-PAC ACA individual, student, family, life and introductory members, and persons who are members of another PAC;
  - iv. The report must include a **SIGNED ORIGINAL** waiver for each participant who purchases a membership (in any category) in order to participate in the activity; and
  - v. The report must include payment for all ACA membership fees collected during the activity, in accordance with Section II.C.4.
- c. Reporting procedures and due dates. Reports must be submitted as follows:
- i. The informational portion of the report (Sections II.C.6.a.i and II.C.6.b.i, above) may be submitted by electronic mail to "insurance@americancanoe.org," so long as the email identifies the PAC and includes an activity description, date and venue. No separate form is required. Reports for multiple activities may be submitted together, so long as each activity is separately identified by description, date and venue.
  - ii. The **SIGNED ORIGINAL** waivers and membership fees must be submitted by mail or delivery service.
  - iii. Reports must be submitted to the ACA within thirty (30) days of the completion of the activity. **Reports submitted more than sixty days after the completion of an activity will incur a \$25.00 late fee.**
7. Incident reports. **Prompt notification of incidents that occur during ACA-insured activities is absolutely critical for proper claims management.** Therefore, the PAC agrees to require its representatives to promptly report any incidents in accordance with the requirements listed below. Incident reports must be submitted whether or not the person involved is a participant or a spectator, and whether or not the incident is likely to result in a liability claim:
- a. In the case of a serious injury, the PAC's representatives must contact the insurance company's claims management hotline at (800) 245-2744 as soon as is practical after the incident has been stabilized.
  - b. In all incidents, the PAC's representatives must complete, to the best of their ability, an incident report using the ACA Incident Report Form, and **must submit the report AND THE PARTICIPANT'S SIGNED ORIGINAL Waiver & Release of Liability** form to the ACA within seven (7) days of the incident. If the participant's waiver has already been submitted to the ACA, the PAC's representative should so indicate on the incident report.
- D. Limitations on Liability Insurance coverage: The PAC understands and agrees that the insurance protection provided under this agreement is **limited to the scope of covered activities under Section I.C and that some club activities may not be covered under this agreement or the underlying insurance policy.**

### **SECTION III. Other terms:**

- A. Payment due dates:
- 1. Payment of the PAC dues referred to in Section II.B.1 must be submitted with this signed agreement.
  - 2. Payment for individual and family memberships must be made in accordance with the option selected on the signature page, as required by Section II.B.3.
- B. Effective dates: This agreement will be in effect from the date when both parties have signed the agreement through November 30, 2018.

## SIGNATURES

(Submit this signature page to the ACA along with the forms on the next two pages)

IN WITNESS OF their agreement to the terms on pages 1 through 7 of the December 2017 to November 2018 American Canoe Association Paddle America Club Agreement; the parties hereto have caused this signature page to be executed by their duly authorized representatives as of the date written below.

FOR: AMERICAN CANOE ASSOCIATION

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

Name: Christopher Stec Title: ACA Chief Operating Officer

FOR (name of PAC): \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## **December 2017 to November 2018 ACA Paddle America Club Agreement General Certificate of Insurance Request Form**

(Submit this Form to the ACA along with the PAC Agreement Signature Page above. Include the Request for Additional Insured that appears on the next page, if needed)

When the ACA receives your PAC's signed agreement and dues payment, it will request a General Certificate of Insurance for the PAC using the information provided below. This Certificate will cover all of the activities listed in your PAC's schedule of activities. You should receive this certificate within ten days. (During the year, you may add to your PAC's schedule of activities by sending an email to "insurance@americancanoe.org" by 4 p.m. EST on the business day prior to the activity.)

PAC Name: \_\_\_\_\_

PAC Street Address: \_\_\_\_\_

PAC City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email (required): \_\_\_\_\_ PAC Web Address: \_\_\_\_\_

## PAC Insurance Contact Information Form

Paddle America Clubs should appoint an Insurance Contact to serve as the primary point of contact for administration of the insurance program. This could be a club officer, the club trip coordinator, or another member willing to serve in this capacity. No special knowledge is required, and other club members may contact the ACA directly to schedule trips and ask questions. However, designating a primary contact can help keep the insurance program running smoothly. Use the form below to identify the Insurance Contact for your club. This person must be a current member of the ACA and must maintain an ACA membership.

PAC Insurance Contact Name: \_\_\_\_\_

PAC Contact ACA Number: \_\_\_\_\_

PAC Contact Street Address: \_\_\_\_\_

PAC Contact City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # (if available) \_\_\_\_\_

Email Address: (required) \_\_\_\_\_

# December 2017 to November 2018 ACA Paddle America Club Agreement

## Request for Additional Insured

Provide the information below to have a sponsor, landowner or other third party listed as an **Additional Insured** on your PAC's General Certificate of Insurance. To request multiple Additional Insureds, or to request more new Additional Insureds after submission of this agreement, please contact the ACA's Insurance Coordinator. Fees for Additional Insureds are \$20.00 per insured plus a \$25.00 rush fee if requested within 10 days of an activity.

Name of Additional Insured: \_\_\_\_\_

Add'l Insured \_\_\_\_\_ Contact Person Email \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Address (if available): \_\_\_\_\_

Additional Insured Street Address: \_\_\_\_\_

Additional Insured City/State/Zip: \_\_\_\_\_

Describe Relationship of Additional Insured to PAC or activity (e.g. pool owner, activity sponsor, landowner):

Specify required wording of additional insured statement if different from the name of Additional Insured listed above, or attach copy of Additional Insured's request or instructions (Note: Subject to review by insurance company):

**REQUIRED: Indicate whether the PAC has entered into any written or oral agreement, contract or permit that requires the PAC to indemnify, hold harmless or assume the liability of a third party?**

Yes  No  (Check one. If Yes, submit a copy of the agreement with this request)





# ACA Incident / Accident Report Form

<b>DATE OF INCIDENT</b> _____ <b>TIME OF INCIDENT</b> _____ <b>AM/PM</b> Name of Club: _____ Address: _____ Telephone Number: _____	<b>DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide name of company and policy #: _____
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<b>INJURED PERSON:</b> <input type="checkbox"/> Athlete <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____  Was injured person a member of organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DID THIS TAKE PLACE DURING:</b> <input type="checkbox"/> Practice <input type="checkbox"/> Competition <input type="checkbox"/> Club Activity/Event  <input type="checkbox"/> Pre-activity <input type="checkbox"/> Sanctioned Activity/Event  <input type="checkbox"/> After activity <input type="checkbox"/> While traveling
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<b>INJURED PERSON INFORMATION</b>			
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Telephone Number</b> (    ) <input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Address</b>			<b>Social Security Number (optional)</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Age</b>	<b>D.O.B.</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Employer and Address</b>

<b>GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)</b>			
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Telephone Number</b> (    )
<b>Address</b>			<b>State</b>
<b>City</b>			<b>Zip</b>

**SUSPECTED PRE-EXISTING CONDITION:**     Yes     No

<b>INCIDENT LOCATION</b> <input type="checkbox"/> Competition area <input type="checkbox"/> Concession area <input type="checkbox"/> Parking lot <input type="checkbox"/> Admission area <input type="checkbox"/> Restrooms/locker rooms <input type="checkbox"/> Off property <input type="checkbox"/> Premises/grounds <input type="checkbox"/> Store area <input type="checkbox"/> Bleachers/stands  <b>CLASSIFICATION</b> <input type="checkbox"/> Facility or event related <input type="checkbox"/> Non-injury <input type="checkbox"/> Not facility or event related <input type="checkbox"/> Minor injury or illness <input type="checkbox"/> Serious injury or illness	<b>INCIDENT</b> <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Slip, bodily reaction <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Slip/Fall <input type="checkbox"/> Fall (different level) <input type="checkbox"/> Eligibility <input type="checkbox"/> Fall (same level) <input type="checkbox"/> Aquatic <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Trip/Fall <input type="checkbox"/> Animal/insect bite/sting <input type="checkbox"/> Drug Testing <input type="checkbox"/> Collision (with object) <input type="checkbox"/> Overexertion <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (participant/spectator) <input type="checkbox"/> Collision (spectator/spectator) <input type="checkbox"/> Struck by falling/flying object  <input type="checkbox"/> Auto/Property	<b>MEDICAL SERVICES</b> <input type="checkbox"/> Antacid <input type="checkbox"/> Eye rinse <input type="checkbox"/> Aspirin <input type="checkbox"/> Glucose <input type="checkbox"/> Aspirin substitute <input type="checkbox"/> Ice Pack <input type="checkbox"/> Bandaged <input type="checkbox"/> Oxygen <input type="checkbox"/> Ointment/antiseptic <input type="checkbox"/> Rest <input type="checkbox"/> Removal <input type="checkbox"/> Splinted <input type="checkbox"/> CPR <input type="checkbox"/> Wrapped <input type="checkbox"/> Cleansed <input type="checkbox"/> Exam <input type="checkbox"/> Cold Pack <input type="checkbox"/> None  <b>Treated By:</b> _____
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<b>PRIMARY INJURY</b> <input type="checkbox"/> Allergy <input type="checkbox"/> Dislocation <input type="checkbox"/> Nausea <input type="checkbox"/> Amputation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Stroke <input type="checkbox"/> Abrasion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Death <input type="checkbox"/> Drowning <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiac <input type="checkbox"/> Illness <input type="checkbox"/> Cold Injury <input type="checkbox"/> Contusion <input type="checkbox"/> Sting/bite <input type="checkbox"/> Seizures <input type="checkbox"/> Concussion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Tooth/Mouth	<b>BODY PART INJURED</b> <input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Torso <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Nose <input type="checkbox"/> Back <input type="checkbox"/> Tooth <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Finger or Toe	<b>DISPOSITION</b> <input type="checkbox"/> Released to parent <input type="checkbox"/> Police <input type="checkbox"/> Refusal of care <input type="checkbox"/> Ambulance <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Report only <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle
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Describe how the incident occurred:

WITNESS INFORMATION		
NAME	ADDRESS	TELEPHONE NUMBER
1.		(     )
2.		(     )
3.		(     )
4.		(     )
5.		(     )

Signature of Official (with no relationship to claimant) \_\_\_\_\_

Date: \_\_\_\_\_ Phone # \_\_\_\_\_

**Send Completed Report to:**

ACA  
503 Sophia St. Suite 100  
Fredericksburg, VA 22401  
Email: [aca@americancanoe.org](mailto:aca@americancanoe.org)  
Phone: (540) 907-4460  
Fax: (888) 229-3792

Activity organizers, trip leaders and trip coordinators must report all injuries requiring medical attention to the ACA National Office **within seven (7) days** using the ACA Incident / Accident Report Form. The report form must be accompanied by the original waiver of the injured party. In the event of a serious injury, **immediately notify the insurance company** (American Specialty) by calling 1-800-245-2744. American Specialty will answer calls to this number 24 hours a day, 365 days a year (if calling after hours, follow the instructions for emergency claims reporting).