



Canoe/Kayak Reservation & Itinerary Form

RESERVATION Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell: () _____

E-mail address: _____ Age: _____

Trip Location: _____

Date(s) on River: _____ Approximate time on river: _____

Trip Location: _____

Date(s) on River: _____ Approximate time on river: _____

Equipment requested for reservation: Canoe(s) _____ Kayak (s) _____

Canoe Trailer _____ Adult PFD(s): _____ Paddle(s) _____

As a CURE member, I agree to abide by the following rules for the safety of all members in my party.

- All parties will wear a lifejacket (PFD) All parties will wear footwear
- That there will be no drinking of alcohol before or during the scheduled trip
- All parties will agree to get off the water in the event of thunder, lightning, hail or severe storm conditions.
- All parties will be off the water at dusk
- Only a CURE member or a registered guest will be in the CURE canoe/kayaks
- Replacement costs will be charged for lost and or damaged/equipment..

By signing this form, I agree to abide by the conditions above, that I have not had a traffic violation in the past three years, am responsible for my party and the information I am giving is true and accurate to the best of my ability.

Signature: (required) _____ Date: _____

FOR OFFICE USE ONLY:

	Copy of Valid Driver's License on File		CURE Liability Acknowledgement Form on File
	Staff has reviewed travel itinerary		Verified the members in the party are on file
	Staff has offered maps and web address for current water conditions		Staff has offered safety handouts
	All Equipment RETURNED		