

Oahu Hawaiian Canoe Racing Association

HENRY AYAU LONG DISTANCE CANOE RACE

Sponsored by Hui Lanakila Canoe Club

Sunday, September 20, 2015

Maunalua Bay to Nanakuli Beach Park

Race starts at 8:30 am sharp

(start behind channel bouy)

Entry Fee - \$350 (by 9/19/15)

\$20 additional fee w/out escort boat waiver at time of registration

Late Entry Fee - \$50 (after 11:00am 9/19/15)

Registration: * Saturday, 9/19/15 from 8:00am-11:00am at Maunalua Bay

Late Registration: * Sunday, 9/20/15 from 7:00am-8:00am at Maunalua Bay
• Late entry fee will apply

Coaches Meeting: * Sunday, 9/20/15 at 8:00am sharp!

Divisions:

*Koa	*Glass-50+
*Glass-Jr	*Glass-55+
*Glass-Open	*Glass-60+
*Glass-40+	*Glass-65+

Other Information: * OHCRA rules will apply
* Jr, Open, 40+ and 50+ crews must consist of 9 paddlers
* 55+, 60+ and 65+ crews must consist of 12 paddlers
* Must be at least 15 years of age by race date to participate
* Lunch provided for paddlers (first finisher to 3:00pm)
* All crews must have an escort boat (Coast Guard rules apply)
* Participant spiff while supplies last

***** **MALAMA AINA** *****

CLUBS ARE RESPONSIBLE FOR DISPOSING OF ALL RIGGING RUBBISH AND REMOVING TIRES

CARS MUST BE PARKED IN DESIGNATED STALLS ONLY

HENRY AYAU LONG DISTANCE CANOE RACE

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*****Crew Registration Form*****

EVENT: HENRY AYAU RACE

RACING NO. _____

SPONSOR: HUI LANAKILA CANOE CLUB

ESCORT BOAT _____

DATE: SEPTEMBER 20, 2015

NAME: _____

PAID: _____

HA NO. _____

CANOE CLUB: _____

CREW NAME: _____

DIVISION ENTERED: KOA__
(Circle one)

GLASS 50+

GLASS JR 16-18

GLASS 55+

GLASS OPEN

GLASS 60+

GLASS 40+

GLASS 65+

CANOE INFO: CANOE NAME: _____

HULL COLOR: _____ MANU COLOR: _____

CANVAS COLOR: _____

PADDLER'S NAMES (PLEASE PRINT)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

(JR, OPEN, 40+ & 50+ = 9 MAN CREW)

10. _____

11. _____

12. _____

(55+, 60+ & 65+ = 12 MAN CREW)

COACH/REPRESENTATIVE
NAME AND PHONE NUMBER

SIGNATURE

OFFICIAL USE ONLY:

WAIVERS/ID _____

RECORDER _____



ESCORT BOAT AND/OR AUXILIARY BOAT (Official Vessel)

2015 WAIVER OF RESPONSIBILITY

In consideration of my participation in the OHCRA 2015 canoe racing season, as an official vessel / escort boat, I, the owner and operator of the vessel/escort boat listed, recognizing and understanding the risks attached to such participation in said canoe race, assume all and every risk of personal injury or damage to myself, my property and for the crew, and therefore agree to hold harmless, Hawaiian Canoe Racing Association, Oahu Hawaiian Canoe Racing Association, HUI LANAKILA Canoe Club, and all sponsors, their officers, agents, members, officials and participants of said race from any and all claims for personal injury to myself, my property or my crew, for any injury or damage, arising out of my participation in said canoe race, regardless of cause. In addition, I warrant that I am competent to act as a skipper/captain of this vessel/escort/motorboat, and the vessel/escort/motorboat being used in this event is seaworthy. I further agree that I will accept the directions of race officials and the official (if any) assigned to my vessel.

AFFIRMATION

We, the undersigned, agree with all the above and fully understand that affixing our signatures to the Waiver Form we affirm to be true. I also affirm that I do possess all necessary credentials set forth by the USCG and OHCRA to be in compliance to fulfill the responsibilities of this job.

PRINTED NAME OF OWNER/OPERATOR OF VESSEL: _____

Signature: _____ Date: _____

Proof of Captain's License and USCG Certification: _____

Name of Helper, Print Name: _____

Signature: _____ Date: _____

Name of Helper, Print Name: _____

Signature: _____ Date: _____

BOAT INFORMATION: (Please complete this section accurately and completely.)

NAME OF BOAT: _____ HA #: _____

TYPE OF BOAT: (ie: Boston Whaler): _____ SIZE: _____ Feet

PRIMARY COLOR OF BOAT: _____

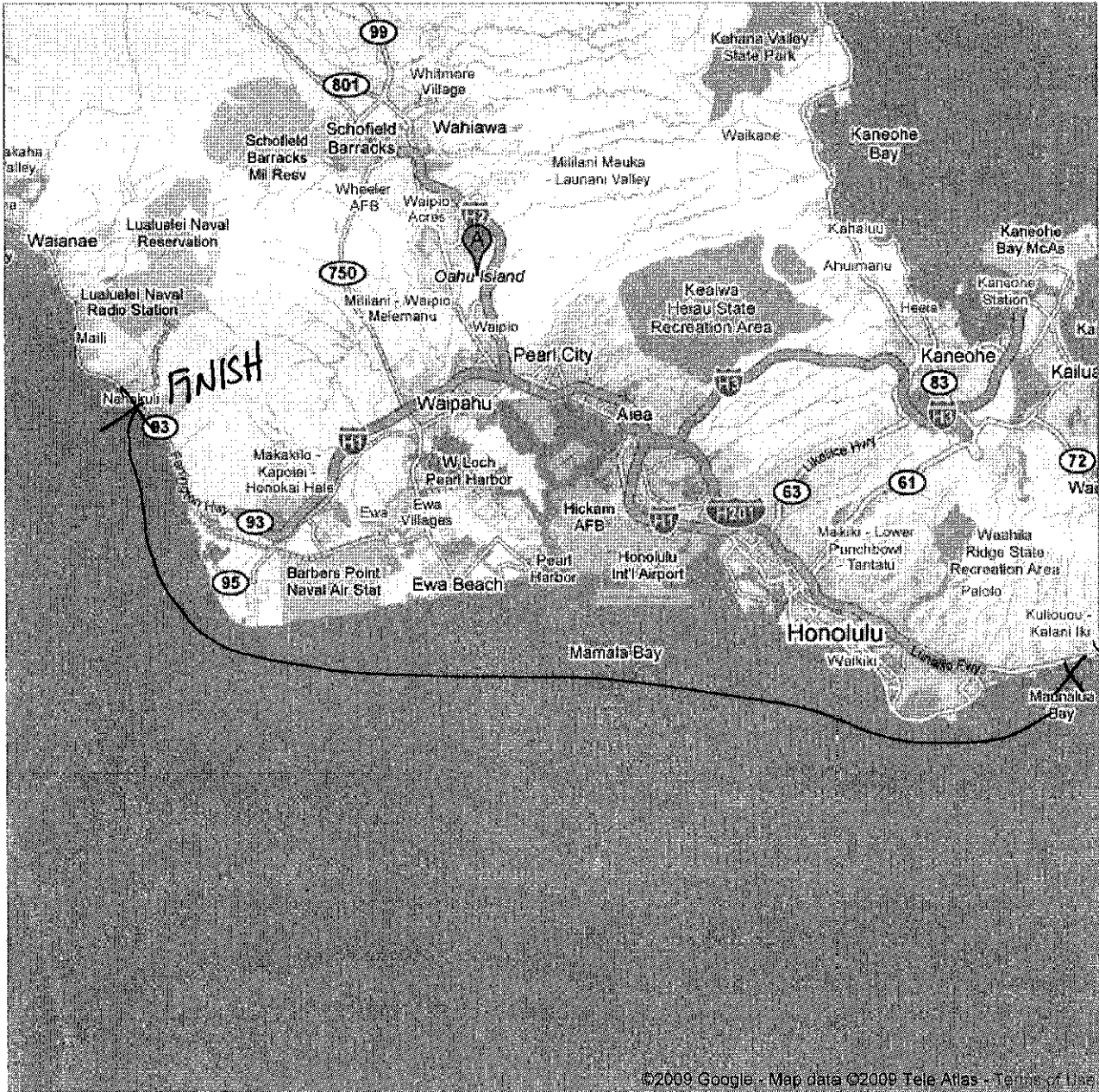
TYPE OF RADIO COMMUNICATION: (Marine Band two way radio **must be mounted** on boat per Coast Guard regulations)

Mounted VHF: yes _____ no _____ (no hand held radios) CELLULAR #: _____

Note: Escort boats not having a working, mounted VHF radio may case crew disqualification. Cellular phone is used for back up communications only and service is expected to be intermittent other than close to shore.

Google Maps Address Oahu

Get Google Maps on your phone
Text the word "GMAPS" to 466453



PERSONAL INJURY ACCIDENT REPORT

(To be completed by injured party in complete detail)

Your Name: _____

Local / Hotel Address: _____ Phone: _____

Home Address: _____ Phone: _____

Occupation / Position: _____ Bus. Phone: _____

Your Date of Birth: _____ Social Security No: _____

Date of Accident: _____

Where did the Accident Happen (Please be Specific) _____

Please give a detailed description of the Accident (Use back of page if necessary) _____

Did anyone else witness the Accident? YES ___ NO ___ If so, who?: Use line(s) below

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

What were you doing when the accident happened? _____

Was any food or drink ingested? _____

YES ___ NO ___ If so, what type of food/drink was involved? _____

Was first aid administered? _____

YES ___ NO ___ If so, who provided it and what was provided: _____

Name and address of your Family Doctor _____

Name and address of Doctor who treated you for this Injury / Illness _____

Signature: _____ Date: _____

(Use back page if necessary)

PERSONAL INJURY WITNESS REPORT

(To be completed by witness to injury)

Name of witness: _____ (Check one) Passenger ____ Crew ____

Name of person injured: _____ Vessel: _____

Date of accident: _____ Time of accident: _____

Exact location of where accident occurred (Please be Specific) _____

Please give a detailed description of the Accident (Use back of page if necessary) _____

Weather and Sea conditions: _____

What were you doing at the time of the accident? _____

How far were you from the injured person? _____

Give identity of an other witnesses:

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Was first aid administered? _____

YES ____ NO ____ If so, who provided it and what was provided: _____

Please describe the type of injury sustained: _____

Was the injured person take to a physician or hospital? YES ____ NO ____

Name / address of physician or hospital: _____

Additional information regarding the accident: _____

Signature: _____ Date: _____

Home address: _____ Home Phone: _____

Local hotel address: _____ Local Phone: _____

Employment position: _____ No. of years: _____

Work address: _____ Work phone: _____

(use back page if necessary)