

TACOMA DRAGON BOAT ASSOCIATION AMATEUR ATHLETIC RELEASE OF LIABILITY WAIVER

01/01/	/2022 - 12/31/2022	Check if guest paddler:
		Date of guest participation:
In consideration of being allowed to participate in any acknowledges, appreciates, and agrees that: The risk of including the potential for permanent paralysis and deal reduce this risk, the risk of serious injury or illness does	of injury or illness from the act th; and while particular safety rul	ivities involved in this sport is significant,
I KNOWINGLY AND FREELY ASSUME ALL SUC NEGLIGENCE OF THE RELEASEES or others and comply with the stated and customary terms and conditi	assume full responsibility for a	
If I observe any unusual or significant hazard during bring such hazard to the attention of the nearest official representatives and next of kin, HEREBY RELEA FEDERATION; PADDLESPORT RISK MANA EMERGENCY FOOD NETWORK, JOHNNY'S Departicipants, sponsoring agencies, commissions, sponsolessors of premises used to conduct the event ("RELEADEATH, or loss or damage to person or property, WHI OTHERWISE.	immediately; and, I, for myself a SE AND HOLD HARMLESS AGEMENT, LLC; TACOMA OCK; their officers & directors ors, advertisers, volunteers, coach ASEES"), WITH RESPECT TO	and on behalf of my heirs, assigns, personal S UNITED STATES DRAGON BOAT A DRAGON BOAT ASSOCIATION, officials, agents, and/or employees, other nes, steerers, and, if applicable, owners and ANY AND ALL INJURY, DISABILITY,
I also acknowledge that photographs and video may be freely agree to allow without restriction all uses of such this event, its location, other sporting events, sport in ge	h photos and videos in the report	•
I HAVE READ THIS RELEASE OF LIABILITY AND TERMS, UNDERSTAND THAT I HAVE GIVEN U AND VOLUNTARILY WITHOUT ANY INDUCEME	P SUBSTANTIAL RIGHTS B	
PLEASE C	COMPLETE ALL SECTIONS	
	Address:	
(Participant/Member Name: PLEASE PRINT)		
Signature:	Phone:	Date:
Email Address:		

FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

agree to the photographic and video release set forth above.	
Parent/Legal Guardian Name & Address: (PLEASE PRINT)	Minor DOB:
Address:	Emergency Contact #
Signature of Parent/Legal Guardian:	Date: