



AMATEUR ATHLETIC RELEASE OF LIABILITY WAIVER

2022

Check if guest: _____

Guest participation date: _____

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury or illness from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury or illness does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation.

If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PADDLESPO... RISK MANAGEMENT, LLC; SAVE OUR SISTERS DBT, INC; MIAMI ROWING AND WATERSPORTS CLUB; CITY OF MIAMI, BAPTIST HEALTH SERVICES; their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct club activities or special events ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this club activity or race, and/or in the promotion of the club, its location, other sporting events, sport in general, and/or related purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

COMPLETE ALL SECTIONS

(Participant Name: PLEASE PRINT)
Email Address: _____
Phone: _____
Signature: _____

Address: _____

Emergency Contact Name: _____
Phone: _____
Date: _____

FOR PARTICIPANTS OF MINORITY 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.

Parent/Legal Guardian Name & Address: (PLEASE PRINT) _____ Minor DOB: _____

Address: _____ Emergency Contact # _____

Signature of Parent/Legal Guardian: _____ Date: _____



Paddler Information

Date _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Mobile Phone: _____ Please note that we send time-sensitive information by mobile phone as text.

Email: _____ Home Phone (optional): _____

Birth Date: (Month / Date / Year): _____ Height: _____ Weight: _____ (Required for balancing the boat)

Other Information

Breast Surgery? Left _____ Right _____ Both _____ Lymphedema? Yes _____ No _____ Don't Know _____

Extensive Surgery? Yes _____ No _____ If yes, explain: _____

Do you have experience (paddling, rowing, etc.)? Yes _____ No _____

If yes, explain: _____

How did you hear about SOS? Internet _____ Print _____ TV _____ Breast Cancer _____ Event _____ Friend _____
Word of Mouth _____ Healthcare Provider _____ Other (specify) _____

What do you hope to gain from participating with SOS? Fun _____ Fitness _____ Breast Cancer Support _____
Networking _____ Other (specify) _____

Profession / Company: _____

Does your company have a matching fund for Charitable Contributions? Yes _____ No _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Mobile Phone: _____ Relationship: _____

Email: _____

I certify:

1. I have discussed my plans to participate in dragon boating with my health care provider(s).
2. I have read and understand the AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY and AUTHORIZATION TO RELEASE HEALTH INFORMATION AND PHOTOGRAPHS, VIDEO AND/OR OTHER DIGITAL LIKENESSES FOR PUBLICATION.
3. By signing and submitting this form, the AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY and AUTHORIZATION TO RELEASE HEALTH INFORMATION AND PHOTOGRAPHS, VIDEO AND/OR OTHER DIGITAL LIKENESSES FOR PUBLICATION, I indicate that I assume full responsibility for the results of my participation in all aspects of dragon boating (practice/training, races).

SIGNATURE: _____ Date: _____

PRINT NAME: _____

On the back of this page, please write a short BIO of yourself.....



**AUTHORIZATION TO RELEASE HEALTH INFORMATION
AND PHOTOGRAPHS FOR PUBLICATION**

I hereby authorize the publishing of my name, the fact that I am a breast cancer patient/survivor and the taking and use of photographs, video, and/or digital likenesses of me, in connection with my participation with the Save Our Sisters Dragon Boat Team and dragon boat racing/practices, in any and all publications, including print, film, electronic and/or other media now or hereafter known. I also waive any right that I may have to inspect and/or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I further release Save Our Sisters Dragon Boat Team and all persons acting on behalf of Save Our Sisters Dragon Boat Team from any and all liability which could result from publication of the information or image, including without limitation, any claims for invasion of privacy. I further waive any right to royalties or other compensation arising from or related to the use of the photograph, videotape, or digital likeness.

SIGNATURE: _____ **Date:** _____

PRINT NAME: _____