Thank You for Your Interest in Miami's Breast Cancer Survivor (SOS) Dragon Boat Team

Maybe you thought you'd never have breast cancer and, even more unlikely, join a dragon boat team. You are not alone. SOS was founded in 2007 by survivors who had a vision for health, teamwork, and competition. They didn't know how to paddle, and you don't need to know either. So how do you get started?

The best way to learn is to come paddle with us.

Please contact Hileneve Robinson-Green at hilantrob@gmail.com. She will schedule you for a SATURDAY paddling session with Team SOS. Hileneve will give you detailed information about the time, location and directions to where we paddle. Hileneve will also answer questions/concerns you may have.

We will give you basic instructions and make it easy for you to get into the boat. Safety is our priority.

What to know about a practice session

Wear comfortable shorts/leggings that don't absorb or hold moisture. Tighter fitting clothes are more appropriate than baggy fit. Don't wear flip flops or tennis shoes. Water shoes/sandals with a grip are best.

Use sunscreen, sunglasses that won't fall off, and a baseball type hat to see better when the sun is shining. Wear a compression sleeve if you have concerns about lymphedema. Bring 32 ounces of water to stay hydrated.

Lock your car and keep valuables to a minimum. No need for jewelry, makeup, or perfumes. We discourage fragrances because of team members with allergies. Phones and key fobs are not recommended in the boat unless in a dry bag. We provide the equipment you need to get started (kayak, paddle, personal flotation device [pfd /life vest]).

Our Hope is That You Will Join the Team

- Team SOS provides 2 FREE paddling sessions. After paddling with us 2 times, you must activate membership to continue to paddle with the team. The activation fee is $25.
- Membership dues are normally $25/monthly or $300 annually. Please don't let cost hinder your participation. If you have concerns about the membership dues, let us know.
- We provide equipment for your first paddles, until you are ready to purchase your own. No need to buy equipment yet.
- We **strongly encourage** exercise and training off the boat for cardiac and strength conditioning.

Our "Recruitment Committee" will help you along the way. For more information, contact:

Hileneve Robinson-Green – email is: hilantrob@gmail.com; mobile phone is (305) 318-8813
Teresita Martinez – email is tdjm@bellsouth.net; mobile phone is (305) 773-9572

AMATEUR ATHLETIC RELEASE OF LIABILITY WAIVER 2024

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 **PADDLESPORT 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

_____ Address: _____

(Participant Name: PLEASE PRINT) _____

Email Address: _____ Emergency Contact Name: _____

Phone: _____ Phone: _____

Signature: _____ 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: _____

Save Our Sisters Dragon Boat Team (Team SOS)

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: _____

Vaccination Information

Are you vaccinated?

If you are vaccinated, please scan OR take a photo of your vaccination card (the side that shows your name and the dates that you were vaccinated). Send the scanned copy to lilin.gaab@gmail.com or send a photo of you vax card via text or WhatsApp to LiLin Gaab mobile phone 786-838-7191.

Please use the remainder of this to tell us more about yourself (optional)