



## 2017 Dragon Boat Paddler Information

Steel City Dragons – Steel City Dragon-Boat Association, Inc.

Name:	Date:
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**Email address:**

*Please write your email address legibly – it is our main form of communication with you*

Which team are you primarily interested in? *(check one)*

Adult (18 and over, men, women, or mixed)  
 Pink Steel breast cancer survivors  
 Youth (ages 10-17)

Street Address:

City:	State:	ZIP:
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Date of Birth:	Cell phone:	Home phone:
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### Emergency Contact

Name:	Phone:
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Relationship:

***Sign waivers on next two pages***

**Steel City Dragon Boat Association, Inc., Waiver**

Instructions

- 1.) Persons age 18 and over, complete PART A only.
- 2.) Persons under age 18 must sign PART A and have a parent or guardian sign PART B.

PART A – CONSENT AND RELEASE FROM LIABILITY

*Activity, as used herein, shall include any organized, supervised, or authorized activities, on or off the water, in which a member or guest of Steel City Dragon Boat Association Inc., (SCDBA) or a subsidiary or an affiliate group may engage.*

*By participating in the paddle-sport and all related activities defined below, I agree to abide by in spirit and in practice the following conditions for participating from the onset to the conclusion of my active participation.*

- 1.) I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me. I am a competent swimmer.
- 2.) I understand and appreciate that participating in the paddle-sport and all related activities, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling the risk is a responsibility that as a participant I must share. Consequently, unless I have expressed a particular safety concern to an appropriate, responsible person associated with this activity, by my continued participation, I voluntarily assume the risk of injury resulting from my participation.
- 3.) I hereby release and by this writing do for my heirs, executors, administrators, successors, and assigns release, discharge, and forever waive any cause of actions, suits, claims, and demands whatsoever, in law or in equity, which I may have or which my heirs, executors, administrators, successors, or assigns may hereafter have against the said SCDBA, their officers, directors, or advisors, any affiliate group, or any individual or entity holding legal title to any property or premises upon which organized activities are conducted (including but not limited to Fox Chapel Sea Ray, Inc., Fox Chapel Marina, Frie-Max Management, LLC), or any sanctioned event, excepting any causes of action or claims resulting from gross negligence or willful misconduct.
- 4.) I give consent for the SCDBA to provide medical/athletic training attentions, transportation, housing, meals, and emergency medical services as warranted. If I choose to obtain these attention and services from other than that provided, I accept full responsibility for such actions and their consequences.
- 5.) I agree to abide by the general rules of conduct prescribed for participation in this activity and for guests of the facility associated with this activity.
- 6.) I agree to assume financial responsibility for any health or other personal loss incurred while participating in this paddle-sport and all related activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these activities.
- 7.) SCDBA reserves the right to use, supply, disseminate, etc., photographs, taped footage, statements, and other likenesses to the press, television or other media as they see fit.
- 8.) I agree to abide by the SCDBA on-water safety protocol.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PART B PARENT/GUARDIAN CONSENT (if participant is under age 18)

I have been given the opportunity to explain to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this activity under the above stipulated conditions.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

