2018 Dragon Boat Paddler Information Steel City Dragons – Steel City Dragon-Boat Association, Inc.							
Name:		Date:					
Email address:							
Please write your email address legibly	– it is our main form of communication w	vith you					
Which team are you primarily interest	sted 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:					
Date of Birth:	Cell phone:	Home phone:					
Name:	Emergency Contact	Phone:					
name.		Friorie.					
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 or 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 herby 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.

NAME	SIGNATURE	DATE	

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

8.) I agree to abide by the SCDBA on-water safety protocol.

I have	been	given	the	opportuni	ty to	explain	to	my	son/daughter	the	aforementioned	stipulated	conditions	and	their
ramifi	cations	s, and I	cons	sent to his/	her p	participat	ion	in tl	his activity un	der t	he above stipulat	ed condition	ons.		

NAME	SIGNATURE	DATE



Fax: (631) 269-9656

121 Pulaski Road, Kings Park, NY 11754 Email: paddlesports@jacka-liquori.com

CLUB NAME: Steel City Dragon Boat Association, Inc.

Member/Guest(circle one)

CLUB COVERAGE START DATE: 04/24/2018 - 02/11/2019

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

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 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 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, however, 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; Steel City Dragon Boat Association, Inc., Fire-Max Management, LLC, Fox Chapel Yacht Club ; 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 the event ("RELEASES"), 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 race, and/or in the promotion of this event, 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. PLEASE COMPLETE ALL SECTIONS

	Address:	
(Participant/Member Name: PLEASE PRINT)		
Signature:	Phone:	Date:
FOR PARTICIPANTS OF MINORITY AGE (UN that I, as parent/legal guardian with legal responsibilitations) above, of all the Releasees, and, for myself, my heirs, the Releasees from any and all liabilities incident to above, EVEN IF ARISING FROM THE NEGLIGEN agree to the photographic and video release set forth a	lity for this participant, do consent, assigns, and next of kin, I release my minor child's involvement or pNCE OF THE RELEASEES, to the	nt and agree to his/her release as provided and agree to indemnify and hold harmless participation in these programs as provided
Parent/Legal Guardian Name & Address: (PLEASE P	PRINT)	
Address:	Emergen	ncy Contact #
Signature of Parent/Legal Guardian:		Date: