

Shuswap Dragon Boat Society (SDBS) Friends Abreast Dragon Boat Team
Membership Application and Waiver

MEMBERSHIP INFORMATION

Surname _____ First name _____

Address _____

City _____ Prov _____ Postal Code _____

Email _____ DOB _____ Sex _____

Phone H _____ C _____

Emergency Contact: _____

Medical issues _____

Member _____ Friend of the boat _____

Position _____ Paddler _____ Drummer _____ Steersperson _____ Coach _____ Manager _____

Committee _____ Breast Cancer Awareness _____ Communication _____ Finance _____

_____ Equipment _____ Festival _____ Uniforms _____ Membership _____ Social _____

As a member of the SDBS, I acknowledge and support the constitution of the society, which includes awareness and support around the issue of Breast Cancer. I will maintain an appropriate fitness level, attend practice sessions, meetings, team functions and events and by committee participation will help with the running of the club

WAIVER FORM FOR THE SHUSWAP DRAGON BOAT SOCIETY (SDBS)

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, (the "Agreement")

BY SIGNING THIS AGREEMENT YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ BOTH SIDES/PAGES CAREFULLY.

Re Participation in the Shuswap Dragon Boat Society paddling programs pursuant to the SDBS safety guidelines, rules and regulations, (collectively referred to as the "Guidelines").

All personal information given by participants will only be used for administration and regular communication with respect to related programs & events with SDBS.

To: SDBS, legally known as Shuswap Dragon Boat Society and their respective directors, officers, employees, contractors, representatives, officials, agents, and volunteers.

In this Agreement:

1. The term, "paddling programs" shall include but is not limited to: competitions, races, demonstrations, practices, events, boat rentals, orientation and instruction sessions, and other such activities, events and services in any way connected with or related to the SDBS.
2. The term, "Releasees" shall include the SDBS, affiliate centres and events, sponsors, official suppliers, officials, and all of their respective directors, officers, employees, volunteers, agents, representatives, successors and assignees.

ACKNOWLEDGEMENT – SAFETY

I am aware that the physical exertion required of paddling programs and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, symptoms or congenital defects. I HAVE ALSO READ AND UNDERSTAND THE SAFETY GUIDELINES, AND I AGREE TO ABIDE BY THOSE GUIDELINES.

ASSUMPTION OF RISKS

I am aware and understand that paddling programs and paddling sports have inherent dangers, hazards and risks including, but not limited to:

- Accident which can occur while loading and unloading the equipment
- Abrupt weather changes
- Collision with man- made or natural objects or other paddlers or bystanders
- Conditions of water surface and variations in the water conditions surface and currents
- Equipment failure
- Improper use of equipment
- Negligence of others
- Overturning or upsetting of the boat
- Falling from the boat while on the water
- Poor swimming ability of myself or others

Page 2 Shuswap Dragon Boat Society (SDBS) Friends Abreast Dragon Boat Team
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- Facility and site hazards
- Negligence of the releasees
- Sustained rigorous physical activity
- Travel to and from site
- Drowning
- Immersion in cold water
- Hypothermia

I understand that injuries resulting from the danger, hazards and risks of paddling programs and sports are a probable occurrence of such programs and sports. I am also aware that there is a risk of NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE BY THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE DANGERS, HAZARDS AND RISKS OF PADDLING PROGRAMS AND SPORTS.

I freely accept and fully assume all dangers, hazards and RISKS associated with participation in rowing and paddling programs and sports and the possibility of personal injury, death, property damage or loss resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY

I acknowledge that it remains my sole responsibly to act in such a manner as to be responsible for my own safety and participate within my own limits. I understand that the guidelines are solely for the purpose of regulating paddling program participants and me. In consideration of the Releasees agreeing to my participation in paddling programs & events and permitting my use of their equipment and facilities, I hereby agree as follows:

Initials

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation in paddling programs due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of the Releasees;

Initials

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage or personal injury to any third party resulting from my participation in paddling programs.

3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and representatives, in the event of my death or incapacity. In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of paddling programs & events other than what is set forth in this Agreement.

Dragon Boating is a physically demanding sport and prior to taking part in any physically demanding sport you should check with your doctor if you have any health concerns. Please ask yourself the following questions;

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do any physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or have you ever lost consciousness?
5. Do you have a bone or joint problem (e.g. back, knee, hip, shoulder) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do any physical activity?

If you answered YES to one or more of the questions above: Talk to your doctor before you start to become more physically active. Tell your doctor which questions you answered YES to and ask his advice on the level of physical activity you should take part in.

I consent to photographs and video of my image and/or voice being taken and used for purposes of record keeping and promotion without any payment to myself.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20____ in the presence of

Witness Signature

Applicant's Signature

Parent / Guardian Signature
(If under 19 yrs old Parent/Guardian **must** sign)

Please Print Witness Name

Please Print Applicant's Name

Please Print Parent / Guardian Name