



BreastStrokes Dragon Boat Team

Release, Waiver and Indemnity Form

NOTE: This form must be signed by the participant BEFORE being allowed to board the dragon boat.

*** If participant is under 18 years of age, this waiver form must be signed by a Parent/Guardian.**

In consideration of receiving permission to board and use the BreastStrokes dragon boat for onwater sessions **on this date** _____, I, for myself and my heirs, executors, administrators, successors and assigns hereby RELEASE, WAIVE, AND FOREVER DISCHARGE the BreastStrokes Dragon Boat Team, the University of Guelph, Township of Guelph-Eramosa, Grand River Conservation Authority, any and all properties used by BreastStrokes and all their respective directors, members, trustees, agents representatives, officers, sponsors, licensors, associations, sanctioning bodies, servants, employees, contractors, successors, coaches, instructors, steerspersons, volunteers and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said dragon boat use, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the onwater sessions, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in onwater sessions.

I and my next of kin are duly aware of the risks and hazards inherent in both the sport of dragon boat racing and entering the premises used for the purpose of launching, docking and storing equipment used in the sport of dragon boat racing, specifically in participating in an onwater practice or race session. I acknowledge that conditions may be hazardous and dangerous and that obstructions may exist, and that high winds may cause rough water, and that I hereby give notice that I am a competent swimmer and that I voluntarily assume all risks of loss, damage, or injury, including death, that may be sustained by me or to any property in connection with my participation in onwater sessions.

By SIGNING this form, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED on the above WAIVER, RELEASE AND INDEMNITY, and I WARRANT that I am physically fit to participate in onwater sessions.

Survivor Supporter

Please PRINT clearly

Name of Participant: _____

Date of Birth: _____ **(required for insurance coverage)**

Address: _____

Telephone # (Primary): _____ **Cell / Home / Work (circle one)**

Alternate Phone #: _____ **Cell / Home / Work (circle one)**

Email (Primary): _____

Signature: _____ **Date:** _____

Please turn over to complete form

Emergency Contact Name: _____

Relationship: _____

Telephone # (Primary): _____ Cell / Home / Work (circle one)

Alternate Phone #: _____ Cell / Home / Work (circle one)

Email (Primary): _____

**** If participant is under 18 years of age this waiver form must be signed by a Parent/Guardian:**

Parent/Guardian: (print name) _____

Signature: _____ Date: _____

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**Critical Medical Information:**

Team Manager and Team Captain keep on file for emergency situations.

The information will not be shared without permission.

Please identify allergies and current medical conditions, and all medications carried on-person and /or taken at any time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one box:

- YES, this information may be shared       NO, this information may Not be shared

BreastStrokes Dragon Boat Team  
*Communications/Media Bank*  
Release, Waiver and Indemnity Form



**This form must be signed by the participant before being allowed to board the dragon boat or participating in any BreastStrokes– sanctioned activity.**

**\* If participant is under 18 years of age this waiver form must be signed by a Parent/Guardian.**

I consent to the use of my name, quotations, portrait, picture or photograph as part of **BreastStrokes Communications/Media Bank.**

This is a collection of images, quotations, publications, video and film recordings, of BreastStrokes members and guests as well as other participants in dragon boat–related events and social activities, intended to showcase BreastStrokes’ activities.

The images, quotations, publications, video and film recordings in this collection will be used on:

- BreastStrokes’ website: <http://www.breaststrokes.org/>
- BreastStrokes’ Facebook site: <https://www.facebook.com/TheBreastStrokes>
- BreastStrokes’ Twitter account: [https://twitter.com/Guelph\\_BCS\\_DB](https://twitter.com/Guelph_BCS_DB)
- BreastStrokes’ Instagram account: [https://www.instagram.com/breaststrokes\\_bcs\\_paddlers/](https://www.instagram.com/breaststrokes_bcs_paddlers/) as well as in BreastStrokes’ publications and marketing products such as, but not limited to:
- displays, pamphlets
- video and film recordings, and
- presentations.

I understand that my name, quotations, portrait, picture or photograph will be included in **BreastStrokes Communications/Media Bank** for a *maximum of ten years, as of the date of my signature on this form.*

I understand that if any image bearing my likeness or any quotation in this collection is selected for a particular use, I will be consulted beforehand.

**NOTE:** Further, I understand that if I leave BreastStrokes within this ten-year period, *(please Checkmark one box)*

- any image bearing my likeness in this collection, or any quotation, will no longer be considered for any use whatsoever.
- BreastStrokes may continue to use any image bearing my likeness in this collection, as well as any quotation.

In addition, while I am a member of or affiliated with BreastStrokes, should I wish to have my name, quotations, portrait, picture or photograph removed from **BreastStrokes Communications/Media Bank**, my contact for doing so is:

BreastStrokes Executive. Contact email: [guelphbcldb@gmail.com](mailto:guelphbcldb@gmail.com)

*Please turn over to complete this form*

I agree that I shall have no claim against BreastStrokes or against anyone accessing or using images, quotations, publications, video and film recordings as part of this collection.

I confirm that I am over 18 years of age, and that I have not given anyone the exclusive right to use my name, quotations, portrait, picture or photograph.

**Signature:** \_\_\_\_\_

*Please print in block letters*

**Name of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

(required for insurance coverage)

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone # (Primary):** \_\_\_\_\_

Cell / Home / Work (circle one)

**Email (Primary):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Telephone # (Primary):** \_\_\_\_\_

*\*If participant is under 18 years of age this waiver form must be signed by a Parent/Guardian:*

**Signature:** \_\_\_\_\_

**Parent/Guardian:** (print name) \_\_\_\_\_

**Date:** \_\_\_\_\_