



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.

Please PRINT clearly

Name of Participant: _____

Date of Birth: _____ (for participants under 18 years of age)

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

## Authorization to Release Information

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Please Print* *(Required for Insurance files)*

I hereby authorize BreastStrokes to (check one): \_\_\_\_\_ obtain from the following  
\_\_\_\_\_ release to the following

Name: \_\_\_\_\_

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

*BreastStrokes Executive adds name and address of insurance company or any other relevant recipient*

the following documents/information from the records pertaining to services rendered

Date of Service: \_\_\_\_\_

The documents to be released are described or listed as:

The records are required for the specific purpose of:

Member Insurance

I understand that my authorization will remain effective from the date of my signature until my membership ends, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Member/Member's Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness