

WAIVER FORM

BY SIGNING THIS FORM YOU ARE WAIVING IMPORTANT LEGAL RIGHTS *PLEASE READ CAREFULLY THIS FORM*****

1. This Waiver covers my participation in the following dragon boat activities:
 - a) The Dragon Boat Festival on July 10, 2022 at Lake Lenape West in Mays Landing, NJ;
 - b) Practices at Lake Lenape practice site on July 5-9, 2022;
 - c) Any events involving dragon boat racing/practicing/instruction, or dry-land training exercises where CSCNJ is involved.
2. Participating in the above activities involve risks, dangers and hazards. For example, a boat could capsize or boats could collide in good or bad weather. An approved personal flotation device ("PFD") is recommended to be worn by all participants at all times while on the water. Any participant that does not wear a PFD acknowledges that the decision to wear or not wear a PFD is their own. I am aware that by participating in the above activities I am risking personal injury, death, or damage to property. I accept and assume those risks.
3. I release the following companies and people:
 - a) 22DRAGONS
 - b) Cancer Support Community New Jersey
 - c) Atlantic County
 - d) The directors, officers, employees, agents, independent contractors and volunteers any of the above (all of whom are referred to as the Releasees in this Waiver Form), from any and all liability for any loss, damage, injury or expenses that I may suffer as a result of my participation in the activity above, no matter how caused, including if caused by the negligence of any of the Releasees.
4. If someone sues me for negligence, I agree not to claim contribution or indemnity from any of the Releasees. I release the Releasees from all liability that could arise from such a contribution or indemnity claim.
5. I agree to hold harmless and indemnify the Releasees in respect of any claims, liability or legal expenses that they incur arising directly or indirectly by reason of a claim brought by me against any person or entity for loss, damage, injury or expenses suffered by me. For example, if I sue a member of another team or my coach or a steersperson for negligence, and that person in turn claims contribution or indemnity from 22DRAGONS / CSCNJ /Atlantic County, then I am agreeing to pay 22DRAGONS / CSCNJ/Atlantic County for all liability claims and legal expenses that it incurs in connection with the contribution and indemnity claim.
6. I confirm that I have attained the age of 18 years or if not, my parent or guardian has signed this Waiver.
7. I recognize and agree that I am not allowed to participate in the activity above unless I sign this Waiver. I agree that this Waiver is binding on me and on my heirs, executors, administrators and legal representatives.

LAST NAME, FIRST NAME

TEAM NAME

ADDRESS (N°, STREET, APT., CITY, POSTAL CODE)

EMAIL

PHONE/CELL PHONE

DATE OF BIRTH

DO YOU HAVE A MEDICAL CONDITION OUR STAFF SHOULD BE AWARE OF (SPECIFIED)?

CONTACT PERSON IN CASE OF AN EMERGENCY

PHONE NUMBER TO CONTACT THIS PERSON

SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)

DATE