



2012 Annual DFW Dragon Boat, Kite and Lantern Festival  
Lake Carolyn, Irving, Texas

WAIVER FORM

Team: \_\_\_\_\_

IN CONSIDERATION of being given the opportunity to participate in the 2012 Annual DFW Dragon Boat, Kite and Lantern Festival ("Boat Race") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddling activities, both on the water and land based and that I am qualified, in good health, and in proper physical condition to participate in such Boat Race.

2. FULLY UNDERSTAND that:

- (a) paddling activities and entering the premises used for the purpose of launching, docking and storing equipment used in the sport of paddling, and specifically in the Boat Race and the practice sessions held at said premises and participating in the said event INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks");
- (b) these risks may be caused by my own actions, or inactions, the actions of others participating in the Boat Race, the condition in which the Boat Race takes place, or the negligence of the "releasees" named below;
- (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Boat Race; and
- (d) my participation in the Boat Race is my consent to having my picture and likeness taken and used for Boat Race materials.

3. AGREE AND WARRANT that I will examine and inspect each Boat Race in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Boat Race and will refuse to take part in the Boat Race until the condition has been corrected to my satisfaction.

4. AGREE TO PROPERLY WEAR, at all times while participating in the Boat Race, including any practice sessions arranged through the Boat Race, a **US Coast Guard Type III** approved personal flotation device or life preserver / life jacket. Such personal flotation device / life preserver / life jacket shall be in good & serviceable condition.

5. HEREBY RELEASE, discharge, and covenant not to sue the Boat Race, Marco Polo World Foundation, the City of Irving, Texas Dragon Boat Association, The American Dragon Boat Association, USA Dragonboating, United States Dragon Boat Federation, and their administrators, directors, agents, officers, volunteers and employees, and other participants, Boat Race organizers, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Boat Race take place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as a the result of such a claim.

*In signing the foregoing waiver and release I hereby acknowledge and represent that I am 18 years of age or older and of sound mind, that I fully understand its terms, that I have given up substantial rights by signing it and have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.*

Participant's Signature: \_\_\_\_\_

Printed name of Participant: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Witness: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_