

**AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the **UNITED STATES CANOE ASSOCIATION** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation.

If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the **UNITED STATES CANOE ASSOCIATION**, the **BERKELEY RACING CANOE CENTER**, the **DRAGONMAX DRAGON BOAT TEAM**, the **CALIFORNIA DRAGON BOAT ASSOCIATION**, the **CITY OF BERKELEY**, the **BERKELEY YACHT CLUB**, and the **BERKELEY UNIFIED SCHOOL DISTRICT**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
(Participant's Signature) (participant's Name PLEASE PRINT) (Date signed)

(Participant's address PLEASE PRINT)

(Participant's email) (Day Phone) (Eve Phone)

(Emergency contact name PLEASE PRINT) (Day phone) (Eve Phone)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
(Parent's Signature) (parent's Name PLEASE PRINT) (Date signed)

(Emergency phone number, day) (Emergency phone, evening) (Emergency phone, cell)

Berkeley Racing Canoe Center

DECLARATION OF SWIMMING ABILITY

Your swimming ability is based on whether or not you are able to sufficiently perform both of the following tasks at any time:

- 1) Tread water fully clothed (except shoes) for 10 minutes in cold salt water with no buoyancy aids.
- 2) Swim a distance of 100 meters in open water with no buoyancy or swimming aids.

_____ Yes, I am able to successfully perform both of the above tasks.

_____ No, I might not be able to successfully perform both of the above tasks.

If your response is "No", you must wear a life jacket at all times while in any of the boats.

(You will be able to participate in BRCC paddling activities regardless of your response to the above. However, the person in charge of the practice must know the paddlers level of swimming ability to assure their safety while on the boat).

Please describe any physical limitations or medical conditions that may affect your ability to swim in an emergency:

(Participant's Signature)

(Participant's Name PLEASE PRINT)

(Date signed)