

# AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

## **READ BEFORE SIGNING.**

NAME OF EVENT: Gorge Outrigger Race
COVERAGE DATE: July 14-16, 2017

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this sport 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 others 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 or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard 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 PADDLESPORT RISK MANAGEMENT, LLC, J.D. Davies, Port of Skamania County, Skamania County, their officers & directors, officials, agents, and/or employees, other participants, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event ("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 also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes. 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.

	Address:	
(Participant/Member Name: PLEASE PRINT)		
Signature:	Phone:	Date:
FOR PARTICIPANTS OF MINORITY AGE (UNIt as parent/legal guardian with legal responsibility for the Releases, and, for myself, my heirs, assigns, and from any and all liabilities incident to my minor child ARISING FROM THE NEGLIGENCE OF THE Photographic and video release set forth above.	his participant, do consent and agr next of kin, I release and agree to 's involvement or participation in	ee to his/her release as provided above, of all o indemnify and hold harmless the Releasees these programs as provided above, EVEN IF
Parent/Legal Guardian Name & Address: (PLEASE PH	RINT)	
Address:	Emergenc	y Contact #
Signature of Parent/Legal Guardian:		Date:



# THIS CHANGES YOUR LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING

#### **AGREEING PARTIES**

In consideration of my participation in the Gorge Outrigger Races (hereinafter referred to as the "GOR"). I, on behalf of myself, my excutors, administrators and assigns, agree as follows:

### **WAIVER OF RESPONSIBILITY**

I hereby release and discharge Waterwalker - JD Davies, Port of Skamania County, Skamania County their officers and directors, race committee, attorneys, agents, sponsors and sponsoring businesses and organizations (collectively "Claims"), in any manner arising out of my participationor association with the "GOR".

### INDEMNIFICATION

I hereby indemnify and hold harmless the "GOR" from all Claims made, asserted, or alleged against the "GOR". The "GOR" is not required to expend monies in defense of the Claim prior to exercising its rights to indemnification.

#### **ACKNOWLEDGEMENT OF RISK**

I hereby acknowledge that outrigger canoe racing is an activity, which by its nature poses significant risk to its participants and that these risks cannot be eliminated even with the best of planning. I certify that I am able to swim and tread ocean and/or river water for twenty (20) minutes.

### **CONSENT**

I hereby give permission to the "GOR" for the use of my name and photograph in connection with the "GOR". I hereby consent to and authorize medical treatment in the event of injury or illness.

Executed this, day of, b		y members of the	
	(month) (year)	(team name)	
Printed Nam	es	Signatures	
1			
2			
3			
4			
5			
c			

Any team member under the age of 18 must obtain the signature of a parent or legal guardian.

Form is complete upon all paddlers signing above, no exceptions.