

JOIN THE JOURNEY

TEAM MEMBER WAIVER AND RELEASE OF LIABILITY

TEAM NAME _____ **Date:** _____, 20__

In consideration of being allowed to use equipment belonging to or on loan to Join the Journey in order to participate in the American Dragon Boat Association dragon boat/paddling program and related events and activities, the undersigned acknowledges and agrees as follows:

1. By signing this Waiver and Release, I acknowledge that I have considered the risks associated with involvement in the American Dragon Boat Association dragon boat/paddling program, including the risk of serious injury. I further acknowledge that there may be other risks not known to me or reasonably foreseeable at this time. I accept and assume these risks and agree to release, on my own behalf, on behalf of my heirs, administrators and assigns, Join the Journey, a Minnesota nonprofit corporation, and its directors, officers, employees and volunteers, from all claims, both present and future, arising from or related to participation in the American Dragon Boat Association dragon boat/paddling program.
2. Additionally, I agree that I will indemnify and hold Join the Journey harmless from any and all liabilities or claims made by other individuals or organization as a result of my own actions or conduct during the American Dragon Boat Association dragon boat/paddling program.
3. I agree that prior to the use of the Join the Journey property, I will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my team captain or the chief dragon boat activity organizer of such condition(s) and refuse to participate.
4. I agree to wear an approved life jacket properly fastened at all times while in the boat and to ensure all responsibility for informing myself of all safety rules and to abide by all such rules related to the activity.

I HAVE READ THIS RELEASE, and understand this waiver to be in effect for any and all activities related to dragon boat paddling/racing, and any and all related activities.

PLEASE PRINT YOUR NAME, ADDRESS AND PHONE #

Participant signature: _____

Date: _____, 20__.