

ARMS AROUND BAINBRIDGE

SUNDAY, AUGUST 10, 2008

KAYAKER / BOATER REGISTRATION & LIABILITY WAIVER

Complete and return this form to ARMS AROUND BAINBRIDGE ASSOCIATION, c/o SHARON KANE,
3654 CRYSTAL SPRINGS DRIVE NE, BAINBRIDGE ISLAND, WA 98110

Last Name: _____ First Name: _____ Age: _____ Sex: M__ F__
Street: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Telephone: _____ Cell Phone: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

ACCIDENT WAIVER AND RELEASE FROM LIABILITY

I UNDERSTAND AND AGREE THAT THIS ATHLETIC EVENT IS AN EXTREME TEST OF MY PHYSICAL AND MENTAL LIMITS AND THERE IS THE POSSIBILITY THAT I MAY SUFFER PROPERTY LOSS, SERIOUS INJURY, OR DEATH. THIS COULD BE CAUSED BY THE TERRAIN; FACILITIES; WATER CONDITIONS INCLUDING BUT NOT LIMITED TO TEMPERATURE, CURRENTS, WAVES, WEATHER, FLOATING OBJECTS, WILDLIFE, BOAT TRAFFIC, POLLUTION, AND POOR VISIBILITY; LACK OF HYDRATION; AND/OR THE CONDITION OF MY EQUIPMENT. PROPERTY LOSS, SERIOUS INJURY, OR DEATH COULD BE CAUSED BY THE ACTIONS OF OTHER PEOPLE INCLUDING BUT NOT LIMITED TO PARTICIPANTS, VOLUNTEERS, SPECTATORS, EVENT OFFICIALS, EVENT PRODUCERS, AND COURSE MONITORS.

I HEREBY FREELY AND VOLUNTARILY ASSUME ALL RISKS OF PARTICIPATING IN THIS EVENT. _____ (INITIAL)

I CERTIFY THAT I AM PHYSICALLY FIT, AND HAVE TRAINED AND PREPARED TO PARTICIPATE IN THIS EVENT. I HAVE NOT BEEN ADVISED NOT TO PARTICIPATE BY A QUALIFIED MEDICAL PERSON.

I UNDERSTAND THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY ("AWRL") WILL BE USED BY ARMS AROUND BAINBRIDGE ASSOCIATION AND EVERYONE INVOLVED IN PUTTING ON THE EVENT IN WHICH I AM PARTICIPATING AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT THE EVENT.

FOR CONSIDERING MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT, I AGREE AND IN DOING SO BIND MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS TO: (A) IRREVOCABLY AND FOREVER WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS AND LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT OR ACTIONS OF ANY KIND, NATURE OR DESCRIPTION WHICH MAY HAPPEN TO ME WHILE TRAVELING TO OR FROM THE EVENT, OR WHILE PARTICIPATING IN THE EVENT, ARMS AROUND BAINBRIDGE ASSOCIATION, ITS DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, AND OTHER EVENT PARTICIPANTS: (B) INDEMNIFY, DEFEND AND HOLD HARMLESS THE INDIVIDUALS AND ENTITIES MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE BY ANY OTHER INDIVIDUALS OR ENTRIES AS A RESULT OF ANY OF MY ACTIONS DURING THIS EVENT.

I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENT WHICH MAY BE DEEMED ADVISABLE IN THE EVENT OF ACCIDENT, INJURY, AND/OR ILLNESS TO ME DURING THIS EVENT. _____ (INITIAL)

I UNDERSTAND THAT THIS EVENT OR RELATED ACTIVITIES MAY BE FILMED AND I MAY BE PHOTOGRAPHED BEFORE, DURING, OR AFTER THIS EVENT. I AGREE TO ALLOW MY PHOTO, VIDEO OR FILM LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE BY THE EVENT HOLDERS, PRODUCERS, SPONSORS, ORGANIZERS OR ASSIGNS, INCLUDING BUT NOT LIMITED TO SALES OF PICTURES TO RAISE FUNDS FOR ARMS AROUND BAINBRIDGE ASSOCIATION.

THIS AWRL WILL BE INTERPRETED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER THE LAW.

I HAVE CAREFULLY READ THIS AWRL AND FULLY UNDERSTAND AND APPRECIATE ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF RIGHTS AND A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN ARMS AROUND BAINBRIDGE ASSOCIATION AND ME, AND I SIGN AT MY OWN FREE WILL.

Signature: _____ Date: _____

IF YOU ARE UNDER THE AGE OF 18, PLEASE HAVE YOUR PARENT/GUARDIAN SIGN BELOW:

Signature: _____ Date: _____

Print Name: _____