

2020

RACINE DRAGON BOAT CLUB WAIVER

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Cell # _____ Home # _____

EMAIL address: 

Please PRINT email address legibly - it is our only form of communication with you

Do you have any medical concerns that we should know about: Yes ____ No ____
If YES, please explain: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Club Membership Information

Membership type (Check one): (first visit is FREE)

- Adult (18 or older) - \$60
- Youth (14-17) - \$35
- Family (limit 2 per family) - \$100

Checks payable to:

Racine Dragon Boat Club
131 Vassallo Lane
Union Grove, WI 53182

*** This form must be signed and fees must be paid, prior to boarding the boat. ***

LIABILITY WAIVER:

Compliance with rules - I agree to follow all rules and instructions given in connection with the Sessions and properly wear, at all times, while participating in any sessions, an approved flotation device or life preserver/life jacket.

Photos/Videos - I agree that any photos or videos (electronic, film or digital) taken may be used for any purpose, including publicity and commercial marketing and advertisement by Racine Dragon Boat Club.

Acknowledgement - I recognize and accept that participation in water related activities involves the risk of injury and/or death and that I am the only person responsible for my own safety. Therefore, intending to be legally bound, I hereby waive for myself and anyone claiming through me the right to sue Racine Dragon Boat Club, it's officers, trip leaders, or members for any injury and/or death or equipment damage incurred while taking part in, preparing for, or traveling to and from any Racine Dragon Boat Club's activity. This waiver applies to any negligent act or omission and to any intentional act intended to promote my safety. This waiver also applies to any action which requires a contribution. I have read and understand this waiver and sign it voluntarily this ____ day of _____, 20 ____.

Signed: _____

UNDER 18 YEARS OF AGE ONLY

Parent's/Guardian's Name (Please Print) _____
Signature: _____
Phone: _____
Email: _____

<i>office use only</i>	<i>office use only</i>
Date paid _____	Check # _____
	Cash _____
Team _____	