



St. Augustine Yacht Club
442 Ocean Vista Ave.
St. Augustine, FL 32080
904-824-9574

secretary.staugustineyc@gmail.com

Amateur Athletic Waiver and Release of Liability

Club Name: St. Augustine Yacht Club

Team Name: Salt Run Flyers

In consideration of being allowed to participate in any way in the **UNITED STATES DRAGON BOAT FEDERATION, (USDBF) and its affiliates** 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 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 of participation. If however I observe an 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 DRAGON BOAT FEDERATION AND ST. AUGUSTINE YACHT CLUB, their officers, directors, employees, servants, commissioners, volunteers, officials, agents, and/or employees, steerers, coaches, other participants, municipalities, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct club and activities ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to persons or OTHERWISE. I am also aware that photographs taken during club activities may be posted to the club web site or social networking site and may be used for publicity purposes by the club.

I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present or present a risk to my fellow paddlers. If in doubt, I will seek and follow medical advice and obtain medical clearance.

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.

First Name: _____ Last Name: _____

Age: _____ Date: _____

Address: _____

City: _____ State: _____