

**For Registrants Under 19 years of age**

**BY SIGNING THIS YOU ACKNOWLEDGE THAT YOU ARE AWARE OF CERTAIN RISKS**

**Please Read Carefully!**

Re: Participation in the Penticton Dragon Boat Festival programs, pursuant to the PDBF safety guidelines, rules and regulations, (collectively referred to as the "Rules").

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Centre/Event: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Program: \_\_\_\_\_

Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

(All personal information given by participants will only be used for administration and regular communication with respect to related programs & events with PDBF. For more information regarding our Personal Information Protection Privacy Policy and rules and regulations, please visit [www.pentictondragonboat.com](http://www.pentictondragonboat.com)).

TO: PDBF, and their respective directors, officers, employees, contractors, representatives, officials, agents, and volunteers.

**• ACKNOWLEDGEMENT OF RISKS**

I am aware and understand that rowing and paddling sports has inherent dangers, hazards and risks (collectively called the "RISKS"). The following is only a partial list of examples of these RISKS:

- ABRUPT WEATHER CHANGES
- COLLISION WITH MANMADE OR NATURAL OBJECTS OR OTHER ROWERS OR BYSTANDERS
- CONDITIONS OF WATER SURFACE
- EQUIPMENT FAILURE
- IMPROPER USE OF EQUIPMENT
- NEGLIGENCE OF OTHER ROWERS
- OVERTURNING
- POOR SWIMMING ABILITY
- ROWING SITE HAZARDS
- SUSTAINED RIGOROUS PHYSICAL ACTIVITY
- TRAVEL TO AND FROM ROWING SITE
- WATER TEMPERATURE

I understand that injuries resulting from such RISKS are a possible occurrence of rowing and paddling sports.

I acknowledge that it is my responsibility to act in such a manner as to be responsible for my own safety and participate within my own limits.

\_\_\_\_\_  
Signature of Registrant

I, as a parent or guardian of the Registrant, acknowledge that, by my signing this document, I am, in addition to the Registrant and others, assuming the responsibility to educate and inform the Registrant of the RISKS.

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date signed

Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_