

**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: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Event: \_\_\_\_\_

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.

**PHOTO CONSENT:** I hereby authorize any images or video footage taken of the registrant, in whole or part, individually or in conjunction with other images and video footage, to be displayed on the PDBF website, social media and other official channels, and to be used for media purposes including promotional presentations and marketing campaigns.

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

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

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

Emergency Contact:

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

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