



**2017 - 11th Annual Gateway Dragon Boat Festival Release, Waiver and Indemnity Form**

In consideration for receiving permission to participate in the Signature Healthcare Foundation Gateway Dragon Boat Festival race competitions and/or practice sessions offered by the Festival, I, for myself and my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Signature Healthcare Foundation, Gateway Dragon Boat Festival, High Five Dragon Boat Racing, St. Louis County, the Pattonville Fire District, and all sponsors of and contributors to the Dragon Boat Festival, the Signature Healthcare Foundation, and all its respective directors, members, trustees, agents representatives, officers, sponsors, licensors, servants, employees, contractors, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event and/or practice sessions, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event or any practice session, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

In consideration for receiving permission to participate in the 2017 Gateway Dragon Boat Festival and/or practice sessions offered by the Gateway Dragon Boat Festival, I, for myself and my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Signature Healthcare Foundation, Gateway Dragon Boat Festival, High Five Dragon Boat Racing, St. Louis County, the Pattonville Fire District, and all sponsors of and contributors to the Dragon Boat Festival, the Signature Healthcare Foundation and all its respective directors, members, trustees, agents representatives, officers, sponsors, licensors, servants, employees, contractors, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event and/or practice sessions, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event or any practice session, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event and/or practice sessions. I and my next of kin are duly aware of the risks and hazards inherent in the sport of dragon boat racing and I acknowledge that conditions may be hazardous and dangerous and that obstructions may exist, and that high winds may cause rough water, and I hereby voluntarily assume all risks of loss, damage, or injury, including death, that may be sustained by me or to any property in connection with my participation in the event and/or practice sessions.

I hereby acknowledge and represent, that I have read the foregoing release, understand it and agree to it voluntarily, that I am 18 years of age or older, or will be 14, 15, 16, 17 or 18 years of age prior to December 31 of this year and I have co-signed with a parent or guardian, as the case may be.

**Team Member Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact in case of emergency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Do you have a medical condition which emergency personnel should be aware of in the case of illness or injury?  
 No: \_\_\_\_ Yes: \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_  
**Date (mm /dd / yy)**

\_\_\_\_\_  
**Signature of Team Member**

\_\_\_\_\_  
**Signature of Parent or Guardian (if team member is under 18 years of age)**

Signature Healthcare Foundation, St. Louis, MO

***(Bring completed waivers to first practice.)***