

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

THE UNDERSIGNED, _____ [PRINT NAME], HEREBY ASSUMES ALL OF THE RISKS OF PARTICIPATING IN ANY AND ALL ACTIVITIES ASSOCIATED WITH THE WHITE RIVER DRAGON BOAT RACE AND FESTIVAL, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity and the event.

I hereby acknowledge that this Accident Waiver and Release of Liability Form (Form) will be relied upon by the event holders, sponsors, and organizers, and that this Form will govern my actions and responsibilities at said event, including activities undertaken.

In consideration of my application and permitting me to participate in this event, for myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby agree to:

(A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal or bodily injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and engaging in activities, THE FOLLOWING ENTITIES OR PERSONS: White River Alliance (WRA) and/or its directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers for the event;

(B) DEFEND, INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the preceding subparagraph (A) from any and all liabilities or claims made as a result of participation in this event and its activities, whether caused by the negligence of releasee or otherwise.

I acknowledge that WRA and its directors, officers, volunteers, representatives, and agents are NOT responsible for the negligence, errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf associated with the event.

I acknowledge that this event and its activities may involve a test of my physical and mental limits and carries with it the potential for death, serious bodily injury, and property loss. The risks include, but are not limited to, those caused by water, terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the event. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event and its activities.

I understand while participating in this event and its activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I agree that the laws of the State of Indiana shall govern this Accident Waiver and Release of Liability Form and that venue shall lie in Marion County, Indiana for any legal proceeding related thereto.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AM 18 YEARS OF AGE OR OLDER, AM MENTALLY COMPETENT, AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGALLY BINDING CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.) Date Participant's Name Age

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)