

Chesapeake Region Accessible Boating Individual Waiver – Valid for 2018

INSURANCE WAIVER AND RELEASE OF LIABILITY

Please note: This form requires two signatures

In consideration of being allowed to participate in any way in Chesapeake Region Accessible Boating, Inc.'s (hereafter: CRAB) programs, related events, and activities, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I will immediately advise CRAB of such conditions(s) and refuse to participate.
2. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge, and covenant not to sue CRAB, its representative administrators, directors, agent, volunteers, coaches, and other employees of the organization, other participants, sponsoring agents, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releases,' from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, SIGN IT VOLUNTARILY, AND AGREE TO BE BOUND BY SAID.

Participant's Name (Please Print)

Signature

Date

Emergency Contact's Name

Emergency Phone Number

Date

Media Release Form

Media/Photo Waiver: I hereby authorize and give my full consent to CRAB to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this CRAB event. I further agree that CRAB may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Participant's Signature: _____ Date _____

Contact Information

Name: _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Phone (Home) _____ (Cell) _____ (Work) _____

Privacy policy: Your information will remain confidential and only used for notification of CRAB news and events. CRAB will not sell, rent, loan or otherwise disclose your personal information.