

Chesapeake Region Accessible Boating Minority Age/Families Waiver - Valid for 2019

INSURANCE WAIVER AND RELEASE OF LIABILITY

Please note: This form requires multiple signatures. Please list names & ages of the children, group members.

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 leasers 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.

Adult Participant's Name (Please Print) Signature Date

Adult Participant's Name (Please Print) Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Print Name and Age Print Name and Age Print Name and Age

Print Name and Age Print Name and Age Print Name and Age

Parent or Guardian's Signature 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 OR Parent/Guardian Signature: _____ Date _____

Contact Information

Name: _____
Address: _____ City _____ State _____ Zip _____
Email: _____
Phone (Home) _____ (Cell) _____ (Work) _____