

**Dragon Boat at the Beach**  
**WAIVER ADDENDUM TO RENEW MEMBERSHIP r2018**

Name: \_\_\_\_\_ **Survivor ( Y ) ( N )**

**E-mail (please print)** \_\_\_\_\_

In exchange for being allowed to have access to and utilize the Dragon Boat at the Beach (the "Boat"), I hereby knowingly and voluntarily release, waive and discharge The Reserve Marina; Dragon Boat at the Beach Board and volunteers (collectively the "Operators") from any and all liability, claims, demands, actions and causes of action that I may acquire as a result of injuries I may suffer or damages or losses, including death, I may incur as a result of my participation in any of the activities associated with the Boat.

I also acknowledge and agree to the following:

- Receipt and understanding of the Organizational Guidelines
- The use of the Boat is voluntary and solely at my own risk;
- The use of the Boat may be hazardous and involve physical exertion;
- I assume full responsibility for any resulting injuries or damages from my use of the Boat;
- I will indemnify and hold the Operators harmless from any loss, liability, damage or costs, including court costs and attorney's fees, the Operators collectively or individually, incur arising out of my participation in activities involving the Boat.

This Waiver of Liability and Release shall be governed by the laws of the State of South Carolina. I agree that in the event any provision of this Waiver of Liability and Release is held to be unenforceable, then the balance of the Waiver of Liability shall survive.

**I acknowledge that I will make my physician(s) aware of any medical condition(s), both present and future, and will have received approval thereof to participate in paddling for the duration of my membership.**

I understand that reasonable measures will be taken to safeguard the health and safety of all individuals using the Boat and that my emergency contact will be notified as soon as possible in case of an emergency. In the event they cannot be reached, I hereby authorize and give consent for emergency technicians (EMT) and hospital personnel to provide medical treatment necessary on my behalf.

In signing this Waiver of Liability and Release, I acknowledge that I have carefully read this document, I understand its terms, and I sign freely and voluntarily.

Emergency Contact: \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date