

SARP Membership Waiver 2009

Emergency Contact: _____ Phone: _____

Boat Team Name (if applicable): _____

WAIVER OF LIABILITY AND RELEASE OF CLAIMS – Read Carefully
BY SIGNING THIS, YOU GIVE UP ALL RIGHT TO LITIGATION AND OTHER FORMS OF ACTION

- I hereby release and discharge the Shuswap Association for Rowing and Paddling, (SARP), its officers, directors, coaches, members, volunteers, agents, and employees, herein referred to collectively as "personnel" and the District of Salmon Arm from all claims, demands, actions, judgements, and executions which the undersigned's heirs, successors, executors, administrators, representatives or assigns may have, or claim to have, for any and or all personal injuries, known and unknown, and injuries to property, real or personal, caused by, or arising, out of the participation in the activity of paddling and rowing sports, not limited to dryland training, on water practices, regattas, competitions, racing demonstrations, events, boat rentals, orientation and instruction session, and other such activities, events and services in any way connected with or related to SARP.
- I, the undersigned, fully understand, acknowledge and agree that this sport activity has inherent risks involved, and I am fully aware of the nature of these risks, notwithstanding these risks, I hereby waive any and all rights, claims, prospective causes of action, cause of action, etc. as heretofore enumerated, and I hereby assume any and all risk associated with my participation in this sporting activity. I understand that paddling and rowing on lakes and rivers involve certain dangers, not all of which can be listed here. Among the more obvious and frequent are:
 - Accidents which occur while loading and unloading equipment
 - Surfaces and currents
 - Travel to or from rowing or paddling site
 - Collision with man made or natural objects, other paddlers or bystanders
 - Equipment failure
 - Sustained, rigorous physical activity
 - Conditions of water surface and variations in the water conditions
 - Improper use of equipment
 - Overturning or upsetting of the boat
 - Falling from the boat while on the water
 - Abrupt weather changes
 - Immersion in cold water-hypothermia
 - Poor swimming ability of myself or others
 - Paddling site hazards
 - Negligence of SARP personnel
- I am not relying on any oral or written statement, if any, made by the SARP personnel, whether in brochure, advertisements or in individual conversation, to lead me to become involved in this program on any basis other than our assumptions of the risks involved. I accept all of these risks and the possibility of death, personal injury, property damage and loss resulting from my involvement with practice and racing events. I acknowledge that the SARP personnel have been available to fully explain the various hazards and risks associated with these activities, in addition, I have read and understand the SARP Safety Guidelines.
- I certify that I am physically capable and fit to participate in these activities. I agree to pay for all costs incurred by the Shuswap Association for Rowing and paddling and/or its personnel, and the District of Salmon Arm, should an action or lawsuit be launched on my behalf.
- I, the undersigned, have read this waiver/release, and understand all of its terms and conditions. I execute it voluntarily and with full knowledge of its significances. I understand that it will be binding, not only on me, but on my heirs, next of kin, successors, executors, administrators, personal representatives and assigns. I agree that, even though I may not live in BC, the laws of the Province of BC and the District of Salmon Arm bylaws govern this waiver of liability and release of claims and will be enforceable in any court of law.

NB: SARP is collecting the above information for the purpose of updates, news, social and other events, practice schedules, festival information, volunteer requests, and sending official notices. I hereby acknowledge and consent to the collection, use or disclosure of my personal contact info for SARP purposes set out herein. I further acknowledge that SARP is not responsible or liable for the misuse of any of my personal contact information beyond this control.

Member Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____

Signature of Parent or Guardian for members under 19 years of age: _____