

WAIVER

for full members and 'drop in' participants
(all information is strictly confidential)

Paddler's Name: _____ email : _____
(please print)

Telephone # _____ Date: _____

Emergency contact: _____ Telephone # _____

Ability to swim: (please 'check' **one** of the statements below)

_____ I am '**confident**' in the water. When wearing a P.F.D., I am able to remain calm and tread water.

_____ I am '**not confident**' in the water.

P.F.D. :

I will wear a properly fitted, C.S.A. approved personal flotation device for each practice

Risk and liability:

I understand that participation in dragon boating may involve danger and risk that could result in personal injury or death. I acknowledge this danger and risk, whether specified or not, and accept personal responsibility for my own safety, as well as any and all consequences resulting from participating in HHP activities. I further agree to hold harmless the Haliburton Highlands Paddlers, Patient News and Haliburton County Community Co-operative for any outcome or liability that may result from my participation in HHP activities.

Medical information:

For your own safety, please outline any medical information that you feel should be brought to the attention of the coaching staff. eg. diabetes, heart condition, allergies.

I carry an Epi-pen. Yes/No

I give permission for the use of my name and picture in broadcast, television and written accounts related to H.H.P. Yes/No

I give permission for my contact information to be distributed to H.H.P. members. Yes/No

I understand and accept the terms of participation and waiver as noted above.

Signature: _____ Date: _____

Parent/guardian signature if under 18: _____

