

## 2023 Cardboard Boat Regatta Waiver and Release Form

### Waiver and Release:

Recognizing the risk and possibility of injury associated with participation in the 2023 Cascade Aquatic & Rec Center (hereinafter "CARC") Cardboard Boat Regatta (hereinafter the "event"), and accepting the rules and fees associated with participation in the event, participant and if a minor participant's parent/guardian on behalf of themselves, participant's heirs, successors, administrators and assigns do hereby waive, release, discharge and/or otherwise indemnify and hold harmless CARC, its sponsors, partners, employees, volunteers and all persons who make the event possible from any and all claims for bodily injury or otherwise which exists or may arise by virtue of participation in the event. This waiver and release is effective and binding upon the participant, the participant's heirs, successors, administrators, and assigns.

### Participant Certifications:

Participant or if a minor participant's parent/guardian hereby certify that participant is physically fit and capable of participating in this event and that the participant has the requisite physical skills and abilities to safely participate in this event and that allowing the participant to participate in this event will not expose participant or others to a risk of physical and/or mental harm. If participant is a minor, the undersigned parent/guardian of participant expressly authorizes participants to participate in this event.

### Medical Treatment Authorization:

If participant receives an injury while participating in this event, participant or if participant is a minor participant's parent/guardian authorize the agents or volunteers of CARC to consent to whatever treatment is medically necessary and hereby release CARC and the consenting employees, volunteers, sponsors, partners, and all agents from any and all claims arising out of the medical care provided to the participant to treat participant's injuries. Permission is also given to provide transportation of participant to the nearest medical or dental treatment facility for emergency care; although this form does not guarantee that any treatment will be rendered to participant as each facility sets its own protocols for treatment.

### Consent to use photographs and photographic likeness:

In the event participant's photograph or other image is taken during participation in this event, participant or if participant is a minor participant's parent/guardian hereby consent to the use of this photograph or image for any purpose without compensation.

IN ADDITION TO THE WAIVER AND RELEASE SET FORTH ABOVE PARTICIPANT AND IF PARTICIPANT IS A MINOR, PARTICIPANT'S PARENT/GUARDIAN FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE DPA AND/OR ALL DPA EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS FROM ANY AND ALL CLAIMS FOR LIABILITY AND ANY AND ALL ASSOCIATED CLAIMS OR DEMANDS FOR ATTORNEY FEES. LOSSES, DAMAGES OR COSTS WHICH DPA AND/OR ITS EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS MAY INCUR DUE TO CLAIMS OR LAWSUITS FILED AGAINST CARC AND/OR ITS EMPLOYEES AND ALL SPONSORS AND VOLUNTEERS ARISING OUT OF OR RELATING TO PARTICIPANT'S PARTICIPATION IN THIS EVENT UPON WHATEVER BASIS A CLAIM OR LAWSUIT ARISES.

In signing this event waiver and release I certify that I have fully read this waiver and release and any attached addendum or that it has been read to me, that I fully understand the terms and conditions of this document, that I have had adequate time to review this event waiver and release with an attorney of my choosing; that I understand the execution of this event waiver and release means that I am giving up substantial legal rights and assuming substantial legal responsibilities and that I am fully capable of executing this event waiver and release on my own behalf or on behalf of the minor on whose behalf I am signing this event waiver and release and that I do so voluntarily.

Participant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

If Minor: Parent or Guardian signature: \_\_\_\_\_

Participant signature: \_\_\_\_\_