



# **SAN DIEGO DRAGON BOAT FESTIVAL**

**Playa Pacifica, Mission Bay Park  
Saturday, October 21, 2006. 9am - 5pm**

- ☉ Payment in full is due October 11 , 2006
- ☉ Entry fee is \$640.00 per team, \$40.00 per individual
- ☉ Make cheques payable to: SD Alliance for Asian Pacific Islander Americans  
Attention: SD Dragon Boat Festival
- ☉ Complete all registration and waiver forms below, and send with payment to:

SD Alliance for Asian Pacific Islander Americans

7750 Dagget Street, Suite 207B

San Diego, CA 92111

(858) 565-6698 Tel. (858) 565-0098 Fax.

[www.sddragonboat.com](http://www.sddragonboat.com)

[www.sdalliance.org](http://www.sdalliance.org)

## **REGISTRATION FORM**

TEAM NAME: \_\_\_\_\_

BUSINESS/ORGANIZATION NAME: \_\_\_\_\_

TEAM CAPTAIN/CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEAM BIO FOR FESTIVAL PROGRAM BOOK \_ 50 WORDS OR LESS:

TEAM PHOTO: YES/NO

---



---



---



---

## **INSTRUCTIONS**

- Boats, paddles, life vests and training will be provided by San Diego Dragon Boat Team
- Length of the race course is approximately 250 meters.
- Paddlers must be at least 14 years old.
- Each team will consist of 16 paddlers; **one drummer and one steersman will be provided for each team.**
- Registration will be on first-come, first-serve basis.
- The Race Committee of the Dragon Boat Festival reserves the right to determine the fitness of any paddlers.
- Waiver form must be approved by signature by every team member, and approved by SDDBT.
- Please bring water shoes, rubber flip-flops, or old shoes.
- Please bring extra clothes (no jeans or sweats), sunscreen, and towels.

# Team Roster

Team Name \_\_\_\_\_

TEAM CAPTAIN \_\_\_\_\_

COMPANY/OR AFFILIATION \_\_\_\_\_

	Name	Telephone	Email Address	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Designated Steersman: \_\_\_\_\_

Designated Drummer: \_\_\_\_\_

Team registration inquiries: Contact person is Les Hopper at [les.hopper@latitude33.com](mailto:les.hopper@latitude33.com)

Festival inquiries: Contact person is Linda Tu at [lctu\\_alliances@sbcglobal.net](mailto:lctu_alliances@sbcglobal.net) , (858) 405-3326

**SAN DIEGO DRAGON BOAT FESTIVAL 2006**  
**LIABILITY RELEASE AND WAIVER AGREEMENT**

In consideration for permission to participate in dragon boat practice and competition, each person signing below hereby stipulates and agrees:

**1. ASSUMPTION OF RISK**

I represent that I am physically sound and have medical approval to participate in the San Diego Alliance for Asian Pacific Islander Americans (the "Alliance") and the San Diego Dragon Boat Team (the "SDDBT") dragon boat related events, tournaments, and practices, and related association events (the "Festival"). I have recently sought and received a medical examination that determined that it is safe for me to participate in the extreme physical exertion involved in the Festival. I will obtain such a medical examination before participating in the Festival (or after showing any symptoms that might call into question the adequacy of my health to participate in the Festival). If I violate the requirement of the Alliance and SDDBT that I have such medical examinations prior to my participation in the Festival, I shall assume the risk of my medical condition not being adequate to participate in the Festival. I shall promptly notify Alliance and SDDBT in writing of any changes in my health that might call into question the appropriateness of me continuing to participate in the Activities. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL RISKS AND DANGERS, including the risk of injury or death, that may be associated with, or result from, my participation in the Festival.

**2. ACKNOWLEDGEMENT**

The Releasing Parties acknowledge that any of the Releasing Parties' participation in the Activities is voluntary, and entails both known and unanticipated risks which could result in physical or emotional injury, paralysis, DEATH, or damage to the Participants, to property, or to third parties. The Releasing Parties understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Some, but not all, of the risks of participating in the Sessions include: musculoskeletal injuries; exposure to harsh weather, lightning, variances and extremes of wind, weather and temperature, waves, and cold water; collision with other vessels or fixed objects; capsizing, sinking or other hazards which result in wetness, injury, exposure to the elements, hypothermia and/or drowning, the presence of insects and marine life forms, equipment failure or operator error, heat or sun related injuries or illness, including sunburn, sunstroke or dehydration; and other risks and hazards. Furthermore, the Sessions' instructors and organizers have difficult jobs to perform and while safety is a top priority they are not infallible. Sessions' instructors and organizers may be unaware of a participant's level of fitness or abilities, they might misjudge the weather, the elements, or the terrain, they may give inadequate warnings or instructions, and the equipment being used might malfunction. The Releasing Parties expressly agree and promise to accept and assume all of the risks existing in the Sessions, whether identified or not. The Releasing Parties are duly aware of the risks and hazards inherent in the Sessions. The Releasing Parties hereby give notice that the Releasing Parties that participate are competent swimmers, are in good physical condition and have no medical or physical conditions which could interfere with the Releasing Parties' safety in the Sessions, or else that Releasing Parties are willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition. The Releasing Parties certify that they have adequate insurance to cover any injury or damage the Releasing Parties may cause or suffer while participating, or else the Releasing Parties agree to bear the costs of such injury or damage themselves. The Releasing Parties expressly agree and voluntarily assume all hazards and all risks of loss, damage or injury, including DEATH that may be sustained by the Releasing Parties or to any property arising out of or in connection with the Premises or the Sessions.

**3. RELEASE FROM LIABILITY**

I agree, for myself and my heirs, to fully and forever discharge and release Alliance and SDDBT, Mission Bay Park, City and County of San Diego, their officers, directors, agents and employees (collectively, the "Releasees") from any and all liabilities, claims, demands, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses and any and all damage claims whatsoever, whether caused by their NEGLIGENCE or for any other reason, on the account of, or in any way resulting from, personal injuries, conscious suffering, death or property damage to myself or to any other person or property, in any way connected with my preparation or practice for, or participation in, the Activities. I agree that this Liability Release and Waiver Agreement shall include my participation in any and all sports activities sponsored by the Releasees including, but not limited to, practice sessions, instructional sessions, activities directed by a coach or a team representative and/or promotion activities.

**4. COVENANT NOT TO SUE**

I agree, for myself and all my heirs, not to sue Releasees, not to initiate to assist the prosecution of any claim for damages or case of action which I or my heirs may have by reason of personal injury or death to participation or destruction to participants property arising from Releasees' activities.

**5. INDEMNITY AGREEMENT**

I agree, for myself and my heirs, to indemnify and hold harmless the Releasees from any loss, claims, action, causes of action, or proceedings of any kind which may be initiated by me or by any other person, entity or organization, including demands, judgments, costs, loss of services, expenses, or reimbursement of counsel fees incurred by participant or by the Releasees from activities contemplated by this agreement. I give permission to Releasees to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, Releasees have my express permission to secure, at my expense, such medical treatment as is deemed necessary in the sole discretion of Releasees.

**6. CONTINUATION OF OBLIGATIONS**

I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK, RELEASE FROM LIABILITY, COVENANT NOT TO SUE & INDEMNITY AGREEMENT shall continue in full force and effect now and at all future times when participant is involved in the Activities. In the event of any dispute or controversy arising with respect to this Release and Liability Agreement, its interpretation, application and/or extinction, said dispute or controversy will be resolved by binding arbitration proceedings conducted by the American Arbitration Association ("AAA") in San Francisco, California, pursuant to the commercial arbitration AAA rules then in effect.

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I HAVE READ AND FULLY UNDERSTAND AND ACCEPT EACH OF THE PROVISIONS OF THIS AGREEMENT.

I HEREBY UNDERSTAND AND AGREE that all rights under Section 1542 of the California Civil Code are expressly waived and that this Release releases all injuries, damages, or losses to the person and property, real or personal, whether known or unknown, foreseeable, unforeseeable, patent or latent, which she/he may have against another party or parties herein released.

I hereby declare that I am over the age of 18, unless my guardian has signed below .

\_\_\_\_\_  
Signature of Participant    Name of Participant    Date  
Participant must also complete ALL fields below.

\_\_\_\_\_  
Signature of Guardian if under 18    Name of Guardian    Date

Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact and Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team: \_\_\_\_\_