



Mid-Ohio Valley Dragon Boat (MOV'n Dragons)
Membership Form

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: / / Height: _____ Weight: _____

Home phone: _____ Work: _____ Cell: _____

Email address: _____

FOR PADDLERS:

Paddling experience? dragon boat kayak canoe none

I am a: Breast cancer survivor Cancer survivor Supporter

I would rate my swimming ability as: strong OK I am not a swimmer

FOR NON - PADDLERS:

I do not plan to paddle, but will consider helping in other areas.

Please accept my financial support of \$ _____.

Emergency Contact

Name: _____ Relationship: _____

Phone(s): _____ / _____

Membership Fee

Payment: \$35.00 Cash, checks or money orders.

Make checks out to: MOV'n Dragons

Mail form with payment to: Theresa Fitzgerald, 135 S Fourth St., Marietta OH 45750

Waiver

"I accept the terms of the MOV'n Dragons Waiver and On-Water Protocol"

Signature of Applicant: _____ Date: _____

Please read and sign the waiver on the other side of this form as well



MOV'n Dragons Waiver & Release of Liability



Instructions

- 1.) Person age 18 and over, read and complete PART A only.
- 2.) Persons under age 18 must read and sign PART A and have a parent or guardian sign PART B.

PART A - CONSENT AND RELEASE FROM LIABILITY

Activity, as used herein, shall include any organized, supervised, or authorized activities, on or off the water, in which a member or guest of MOV'n DRAGONS or a subsidiary or an affiliate group may engage.

By participating in the paddle-sport and all related activities defined below, I agree to abide in spirit and in practice the following conditions for participating from the onset to the conclusion of my active participation.

- 1.) I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me.
- 2.) I understand and appreciate that participating in the paddle-sport and all related activities, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling the risk is a responsibility that as a participant I must share. Consequently, unless I have expressed a particular safety concern to an appropriate, responsible person associated with this activity, by my continued participation, I voluntarily assume the risk of injury resulting from my participation.
- 3.) I hereby release and by this writing do for my heirs, executors, administrators, successors, and assigns release, discharge, and forever waive any cause of actions, suits, claims, and demands whatsoever, in law or in equity, which I may have or which my heirs, executors, administrators, successors, or assigns may hereafter have against the said MOV'n Dragons, their officers, directors, or advisors, any affiliate group, or any individual or entity holding legal title to any property or premises upon which organized activities are conducted (including, but not limited to Marietta College, Marietta City Schools, Marietta Rowing and Cycling Club, Marietta Community Foundation, and the City of Marietta) or any sanctioned event, excepting any causes of action or claims resulting from gross negligence or willful misconduct.
- 4.) I give consent for the MOV'n Dragons to arrange emergency medical service if warranted. If this attention proves to be necessary, I accept full responsibility for such actions and consequences.
- 5.) I agree to abide by the general rules of conduct expected for participation in this activity.
- 6.) I agree to assume financial responsibility for any health or other personal loss incurred while participating in this paddle-sport and all related activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these activities.

NAME (print) _____ DATE: _____

SIGNATURE _____

PART B - PARENT/GUARDIAN CONSENT (if participant is under age 18)

I have been given the opportunity to explain to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this activity under the above stipulated conditions.

NAME _____ SIGNATURE _____ DATE _____