

# Hawaiian Canoe Racing Association Insurance Program Waiver and Release of Liability

**April 1, 2008 – March 31, 2009**

In consideration of being allowed to participate in any way in Hawaiian Canoe Racing Association and its member organizations athletic/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Hawaiian Canoe Racing Association, its member associations, its affiliated clubs, their respective administrators, directors, agents, coaches, and other volunteers or employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releasee or otherwise.

**THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Printed Name \_\_\_\_\_ Sex  F  M

Street Address \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

## **KEAUHOU CANOE CLUB**

**NOTE: PADDLER MUST BE ABLE TO SWIM AND TO BE ABLE TO STAY AFLOAT UNASSISTED FOR 30 MINUTES IN ORDER TO GO OUT IN A KEAUHOU C.C. OUTRIGGER CANOE.**