

Hawaiian Canoe Racing Association Insurance Program

ADULT Waiver and Release of Liability

April 1, 2009 to March 31, 2010

In consideration of being allowed to participate in any way in Hawaiian Canoe Racing Association and its member organizations athletics/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 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 leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses and 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.

NAME (Print): _____ Gender: ____F ____M

Signature: _____ BIRTHDATE: _____

Street Address _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Cell # _____

In the event of an emergency: Contact Person _____

Home # _____ Work # _____ Cell # _____

CANOE CLUB Healani Canoe Club

Date _____