



## CHARLOTTE DRAGON BOAT ASSOCIATION APPLICATION FORM

COMPLETE MEMBERSHIP APPLICATION FORM FULLY AND SIGN THE ATTACHED RELEASE AND WAIVER OF LIABILITY. RETURN THE COMPLETED APPLICATION FORM AND PAYMENT IN PERSON OR MAIL TO:

**CDBA**  
**4700 Carsons Pond Road**  
**Charlotte, NC 28226**

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ EMail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male Female

Paddle Side (if known):    Left    Right    Both

If you are new to the club, and have prior dragon boat or other paddling/rowing experience, please describe:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Health Information: Do you have any physical or medical condition(s) that may affect your ability to paddle safely?

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP FEE: \$50 per year (MEMBERSHIP IS NON-TRANSFERABLE)**



## CHARLOTTE DRAGON BOAT ASSOCIATION

### RELEASE AND WAIVER OF LIABILITY

IN CONSIDERATION of being given the opportunity to be a member of the Charlotte Dragon Boat Association (“CDBA”), I, \_\_\_\_\_, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, AGREE, AND REPRESENT that I understand that the primary nature of the activities in which members of CDBA are engaged, including paddling both on water and on land (individually an “Activity” and collectively, the “Activities”), require strenuous physical exercise and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I will notify the appropriate coach, supervisor, officer, director, or agent if I have, or if I develop, any physical problems or health conditions that may affect my ability to participate in the Activities without posing a danger to my health or safety or the health or safety of others.

2. FULLY UNDERSTAND that: (a) the Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (“Risks”); (b) these Risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities takes place, or the negligence of the Releasees named below; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. I FULLY ACCEPT AND ASSUME ALL RESPONSIBILITY for losses, costs, and damages I incur as a result of my participation in the Activities.

3. AGREE AND WARRANT that I will examine each Activity in which I participate, and that if I observe any condition which I consider to be unreasonably risky or dangerous, I will notify the proper authority and not take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE CDBA, its administrators, officers, directors, agents, coaches, volunteers, other participants, sponsors, advertisers, and if applicable, owners and lessees of premises on which the Activity takes place (all of which are hereinafter referred to as “Releasees”) from any and all liability to undersigned, his or her heirs and next of kin, for any and all claims, demands, losses, or damages on my account, caused or alleged to be caused, in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and I agree that if any portion of this agreement is determined to be invalid, all other parts shall continue in full force and effect.

**I have received & reviewed the information in the Handbook and agree to abide by its requirements**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_