

Oregon Boating Foundation

Waiver of Liability and indemnification:

Please read this section carefully before signing below.

1. The participant will be monitored by an instructor designated by the Organizations while using any of the equipment or facilities or the Organizations or its members. I will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the Organizations of such condition and will refuse to participate or to use the facilities or equipment until such time as the unsafe condition has been addressed. I will at all times abide by all Organization policies and rules.
2. I fully understand and acknowledge that there are risks and dangers associated with participation in boating which could result in bodily injury, partial and total disability, paralysis and death. The social and economic losses and/or damages which could result from those risks and dangers could be severe. These risks and dangers may be caused by the action, inaction or negligence of myself as participant or by the action, inaction or negligence of others, including but not limited to the Organizations, their instructors or any of their members. There may be other risks not known to me or which are not reasonably foreseeable by me at this time.
3. I accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Organizations or their instructors and members.
4. I hereby release, waive, discharge and covenant not to sue the Organizations or any of their members or directors, officers, agents, instructors, employees, and volunteers from all liability to me, my personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to my death or the damage to property, caused or alleged to be caused in whole or in part by the negligence of the Organizations or any other persons above mentioned.
5. I execute this waiver and release on my own behalf freely and voluntarily. If, despite this release, I or any of my representatives make a claim against any of the persons or entities intended to be released, I agree to reimburse those persons to be released and their insuring company, if any, for any money which they have paid to defend a claim or by way of damages which may be awarded to me or my representative. I hold the Organizations and their representative(s) harmless from any claim or cost.
6. I grant permission to the Organizations, their members, directors, officers, agents, instructors, employees, or volunteers to provide or arrange for medical treatment that they may deem necessary in the event of injury or illness.
7. The Organizations reserve the right to photograph program participants for publicity purposes. The Organizations agree to provide a photo of a participant to the participant upon request.

Please select who will be participating... ☐ Adult ☐ Minor

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IF MINOR IS PARTICIPATING...

Minor's Name _____

Phone Number _____ Date of Birth _____

Address _____

Parent / Guardian's Email _____

Emergency Contact's Name _____

Emergency Contact's Phone Number _____

Parent(s) or court-appointed legal guardian(s) must sign for any participating minor (those under 18 years of age) or agree that they and the minor are subject to all the terms of this document, as set forth above.

By signing below I agree to the above

Parent/Guardian's Name Printed _____

Parent/Guardian's Signature _____

Relationship to Minor _____

Date _____ Phone _____

IF ADULT IS PARTICIPATING...

Participant's Name _____

Phone Number _____ Date of Birth _____

Address _____

Email _____

Emergency Contact's Name _____

Emergency Contact's Phone Number _____

By signing below I agree to the above

Name Printed _____

Signature _____

Date _____ Phone _____