



# Waiver and Release

## Portland Rose Festival Dragon Boat Race Waiver, Release, and Covenant to Not Sue for the Dragon Boat Race Events and All Related Activities.

**IMPORTANT:** PLEASE READ THESE TERMS CAREFULLY BEFORE AGREEING. IT AFFECTS YOUR LEGAL RIGHTS.

I certify that I am participating in the Portland Rose Festival Dragon Boat Race and all related events, practices, and activities ("EVENT") produced by the Portland-Kaohsiung Sister City Association (PKSCA). I understand that while this EVENT is sanctioned by the Portland Rose Festival Foundation (PRFF), such sanctioning is for marketing purposes only and PRFF has no role in financing, planning, managing, or producing the EVENT.

In consideration of being allowed to participate in any capacity, I agree as follows:

1. **Assumption of Risk**

I understand the nature of the EVENT and the risks involved, including the risks of physical injury and exposure to highly transmissible airborne diseases. I accept full responsibility for my own safety and actions and authorize PKSCA personnel to direct activities as needed for the safety of all participants.

2. **Release and Waiver**

With full knowledge of these risks, I voluntarily release, waive, and discharge PKSCA and PRFF, along with their directors, officers, employees, volunteers, agents, participants, contractors, representatives, affiliates, successors, and assigns, from any and all claims or liabilities for injury, illness (including airborne disease), death, or property damage arising from or related to my participation in the EVENT.

3. **Indemnification**

I agree to indemnify, defend, and hold harmless all released parties from any costs, damages, claims, or legal actions arising out of my participation in the EVENT. If I bring a claim against any released party, I will be responsible for all legal fees and costs incurred by them.

4. **Health Notification**

I will promptly notify my team captain if I have been exposed to or diagnosed with a highly transmissible airborne disease.

5. **Emergency Medical Care**

I authorize EVENT personnel to obtain emergency medical treatment for me if necessary. I agree to pay all related costs and hold PKSCA, PRFF, and their personnel harmless for securing such care.

6. **Binding Effect**

This waiver is binding upon me and my heirs, agents, successors, and assigns.

7. **Rules Compliance**

I have read and agree to follow all official EVENT and Practice Rules posted on the PKSCA website.

By signing below, I acknowledge that I have read, understood, and agreed to this Waiver, Release, and Covenant Not to Sue. I am at least eighteen (18) years old and fully competent to give my consent or I am younger than eighteen (18) and my legal guardian has signed consent in my stead below.

\_\_\_\_\_  
Team Name

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Printed Name in Full

\_\_\_\_\_  
Printed Name in Full of Parent or Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mobile Phone with Area Code

\_\_\_\_\_  
Home Phone with Area Code