



## 2025 Dragon Boat Paddler Information

Steel City Dragons – Steel City Dragon-Boat Association, Inc.

Name:	Date:
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**Email address:**

*Please write your email address legibly – it is our main form of communication with you*

Which teams are you interested in? *(check as many as apply)*

Steel City Mixed Dragons (18 and over, men, women, or mixed)  
 Pink Steel breast cancer paddlers (for anyone with a current or past breast cancer diagnosis)  
 Pittsburgh Unity all cancer paddlers (for anyone with a current or past cancer diagnosis of any type)

Street Address:

City:	State:	ZIP:
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Date of Birth:	Cell phone:	Home phone:
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### Emergency Contact

Name:	Phone:
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Relationship:

***! Please sign legal waivers on the next pages***



**Steel City Dragon Boat Association, Inc., Waiver**

**Instructions**

- 1.) Persons *age 18 and over*, complete **PART A only**.
- 2.) Persons *under age 18* must **sign PART A** and have a **parent or guardian sign PART B**.

**PART A – CONSENT AND RELEASE FROM LIABILITY**

*Activity, as used herein, shall include any organized, supervised, or authorized activities, on or off the water, in which a member or guest of Steel City Dragon Boat Association Inc., (SCDBA) or a subsidiary or an affiliate group may engage.*

*By participating in the paddle-sport and all related activities defined below, I agree to abide by in spirit and in practice the following conditions for participating from the onset to the conclusion of my active participation.*

- 1.) I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me. I am a competent swimmer.
- 2.) I understand and appreciate that participating in the paddle-sport and all related activities, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling the risk is a responsibility that as a participant I must share. Consequently, unless I have expressed a particular safety concern to an appropriate, responsible person associated with this activity, by my continued participation, I voluntarily assume the risk of injury resulting from my participation.
- 3.) I hereby release and by this writing do for my heirs, executors, administrators, successors, and assigns release, discharge, and forever waive any cause of actions, suits, claims, and demands whatsoever, in law or in equity, which I may have or which my heirs, executors, administrators, successors, or assigns may hereafter have against the said SCDBA, their officers, directors, or advisors, any affiliate group, or any individual or entity holding legal title to any property or premises upon which organized activities are conducted (including but not limited to Fox Chapel Sea Ray, Inc., Fox Chapel Marina, Frie-Max Management, LLC), or any sanctioned event, excepting any causes of action or claims resulting from gross negligence or willful misconduct.
- 4.) I give consent for the SCDBA to provide medical/athletic training attentions, transportation, housing, meals, and emergency medical services as warranted. If I choose to obtain these attention and services from other than that provided, I accept full responsibility for such actions and their consequences.
- 5.) I agree to abide by the general rules of conduct prescribed for participation in this activity and for guests of the facility associated with this activity.
- 6.) I agree to assume financial responsibility for any health or other personal loss incurred while participating in this paddle-sport and all related activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these activities.
- 7.) SCDBA reserves the right to use, supply, disseminate, etc., photographs, taped footage, statements, and other likenesses to the press, television or other media as they see fit.
- 8.) I agree to abide by the SCDBA on-water safety protocol.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART B PARENT/GUARDIAN CONSENT (if participant is under age 18)**

I have been given the opportunity to explain to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this activity under the above stipulated conditions.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**WAIVER, RELEASE & INDEMNITY  
2025**

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury or illness from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury or illness does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation.

If I observe any unusual or significant hazard during my presence or participation I will remove myself from the activity and bring such hazard to the attention of the nearest coach or team leader immediately. I verify that I will only participate in club activities, on and off water, while in good physical and mental health and that I will not consume any mind altering drugs or alcohol prior to or during club activities that may impede my ability to participate putting myself or others at risk. I will inform the coach or team leader at the beginning of any on water activity if I am not feeling well or have a medical condition and remove myself from the activity.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE AND INDEMNIFY **PADDLESPORT RISK MANAGEMENT, LLC; STEEL CITY DRAGON BOAT CLUB; FRIE MAX MANAGEMENT, LLC; FOX CHAPEL MARINA;** their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises and equipment used to conduct club activities ("RELEASEE'S"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S OR OTHERWISE.

I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this club activity, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this club activity, and in the promotion of the club, its location, other sporting events, sport in general, and/or related purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**COMPLETE ALL SECTIONS**

**CHECK ONE:**  CLUB MEMBER  GUEST PADDLER **Guest Participation Date:** \_\_\_\_\_

\_\_\_\_\_  
(Participant Name: PLEASE PRINT) Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)** This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasee's, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE'S, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

Parent/Legal Guardian Name & Address: (PLEASE PRINT) \_\_\_\_\_ Minor DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_