

## Volunteer Waiver



The undersigned in consideration of (1) permission to participate as a volunteer in connection with the practice, training, paddling, racing and related events and activities leading up to and including the July 18, 2026 Portage Lakes Dragon Boat Festival (the “Sessions”) held, run, organized and/or supervised by The Dragon Dream Team (DDT) and Dynamic Dragon Boat Racing; (2) permission to enter the premises, waterways and grounds where the Sessions are held including but not limited to Portage Lakes State Park in the city of Akron Ohio (the “Premises”) the receipt of said consideration being hereby acknowledged, I, for myself and any minor children for whom I am a parent, legal guardian or otherwise responsible, and for

my/our heirs, spouse, personal representatives or assigns (the “Releasing Parties”) do hereby enter into this agreement in favor DDT, Dynamic Dragon Boat Racing and the city of Akron, practice locations, the owners, lessees and operators of the Premises and each of their respective directors, members, shareholders, contractors, agents, representatives, officers, sponsors, licensees, servants, volunteers, employees and affiliates (collectively, the “Dragon Boat Parties”). The Releasing Parties represent and confirm that they are duly aware of the risks and hazards inherent in both the sport of dragon boat racing and working in and about the uplands and water where the dragon boats are launched, docked, stored, used and operated and the Releasing Parties hereby give notice that the releasing Parties are in good health, can swim and are capable of handling the job for which the Releasing Parties are volunteering.

The Releasing Parties hereby voluntarily release, waive their right to sue, forever discharge, and agree to indemnify and hold harmless the Dragon Boat Parties from and against any and all liabilities, claims, injuries, losses, damages, expenses, demands, actions and causes of action of whatsoever kind or nature arising out of or related to any such loss, damage, or injury, including DEATH, etc., that may be sustained by the Releasing Parties for whatever reason while so participating in the Sessions or upon the Premises whether as a result or negligence of any or all of the Dragon Boat Parties and/or for any other reason or cause. Should the Dragon Boat Parties be required to incur attorney’ fees and costs to enforce this agreement, the Releasing Parties agree to indemnify and hold them harmless for all such fees and costs.

The Releasing Parties agree to properly wear while working on the water, an approved flotation device or life preserver/life jacket. The Releasing Parties agree that any photos or videos (electronic, film or digital) taken of the Releasing Parties or in which the Releasing Parties may appear may be used for any purpose, including publicity and commercial exploitation and this shall constitute each of the Releasing Parties agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

In signing the foregoing agreement, the Releasing Parties hereby acknowledge and represent that they have read the foregoing release, they understand it and agree to it voluntarily, that they are 18 years of age or older and are of sound mind, or being less than 18 years of age have co signed with a parent or guardian, as the case may be. The Releasing Parties hereby acknowledge and agree that if they are signing this agreement on behalf of any minor child for whom they are a parent, legal guardian or otherwise responsible, such child, including its heirs, spouse, personal representatives or assigns shall be bound by this agreement. The Releasing Parties have had sufficient opportunity to read this entire agreement. The Releasing Parties have read and understood this agreement and agree to be bound by its terms.

FULL NAME (Please Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH (If Under 18 Years of Age) \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN’S NAME (Please Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

EMERGENCY CONTACT (Please Print): \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF WITNESS (Please Print): \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIAL MEDICAL CONDITIONS: PLEASE INDICATE WITH “NONE” IF NO KNOWN CONDITIONS MEDICAL ALLERGIES: PLEASE INDICATE WITH “NONE” IF NO KNOWN ALLERGIES**