

2018

RACINE DRAGON BOAT CLUB WAIVER

Name:		Date:	
Street Address:			
City:		State:	Zip:
Date of Birth: / /	Cell #	Home #	



EMAIL address:



Please PRINT email address legibly - it is our only form of communication with you

Do you have any medical concerns that we should know about: Yes ___ No ___
 If YES, please explain: _____

Emergency Contact

Name:	Phone:
Relationship:	

Club Membership Information

Membership type (Check one): (first time is FREE) <input type="checkbox"/> Adult (18 or older) - \$60 <input type="checkbox"/> Youth (14-17) - \$35 <input type="checkbox"/> Family (limit 2 per family) - \$100	Checks payable to: Racine Dragon Boat Club 131 Vassallo Lane Union Grove, WI 53182
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*** This form must be signed and fees must be paid, prior to boarding the boat. ***

LIABILITY WAIVER:

Compliance with rules - I agree to follow all rules and instructions given in connection with the Sessions and properly wear, at all times, while participating in any sessions, an approved flotation device or life preserver/life jacket.

Photos/Videos - I agree that any photos or videos (electronic, film or digital) taken may be used for any purpose, including publicity and commercial marketing and advertisement by Racine Dragon Boat Club.

Acknowledgement - I recognize and accept that participation in water related activities involves the risk of injury and/or death and that I am the only person responsible for my own safety. Therefore, intending to be legally bound, I hereby waive for myself and anyone claiming through me the right to sue Racine Dragon Boat Club, it's officers, trip leaders, or members for any injury and/or death or equipment damage incurred while taking part in, preparing for, or traveling to and from any Racine Dragon Boat Club's activity. This waiver applies to any negligent act or omission and to any intentional act intended to promote my safety. This waiver also applies to any action which requires a contribution. I have read and understand this waiver and sign it voluntarily this ____ day of _____, 20 ____.

Signed: _____

UNDER 18 YEARS OF AGE ONLY

Parent's/Guardian's Name (Please Print) _____
 Signature: _____
 Phone: _____
 Email: _____

office use only	office use only
Date paid _____	Check # _____
	Cash _____
Team _____	

Pink Paddling Power Club Membership Commitment

The mission of Pink Paddling Power (PPP) is to provide education about breast cancer, inspiration for survivorship and training/competition in the sport of Dragon Boat racing. In addition, PPP and its members will serve to promote the recreational and health benefits of dragon boat racing for breast cancer survivors and act as ambassadors for Ascension Health and the Racine community.

As a BREAST CANCER SURVIVOR/PADDLER and/or SURVIVOR/NON PADDLER team member of PPP I commit to the following;

- I recognize that I am an advocate for our mission and message and I will work to promote the objectives of PPP whenever appropriate.
- I commit to being part of a team. Maintaining responsibility to my teammates and contributing to a positive environment in the boat, at competitive events and at all Club functions.
- I acknowledge that PPP is a volunteer-run organization. I will participate and support the organization in any way possible.
- Membership dues, signed membership commitment letter and signed Racine Dragon Boat Club Waiver are annual and must be submitted to the PPP Treasurer by April 1st of each year. Membership dues are non-refundable. Non-Paddler membership dues include membership in PPP. Active Paddler membership dues include membership in PPP and the Racine Dragon Boat Club. Individual expenses could include; team clothing, travel, personal paddling gear, etc.
- I acknowledge that I cannot spend funds on behalf of PPP without prior approval of the Board of Directors.
- I understand that travel may be partially funded by our PPP fundraising events. As a member receiving this benefit I am REQUIRED to participate in fundraising events.
- I acknowledge that pertinent decisions for PPP will be made by the PPP Board and/or vote by the club. I will NOT circumvent the PPP Board by directly contacting Hospital, Foundation, Race Venues or Sponsor personnel. If I have concerns and/or ideas pertaining to any aspect of the Club these are to be presented to the PPP Board of Directors. These concerns /ideas will be part of an agenda of a future meeting.
- I will respond appropriately and in a timely manner to Club communications.
- I will notify the Club President if I choose to end my membership in the Club.

As a SURVIVOR PADDLER TEAM MEMBER, I also commit to the following;

- I will take personal responsibility for my physical capability to participate on the team, verifying the same with my personal physician. I will maintain my fitness as a year-round commitment.
- I will do my utmost to attend scheduled practices to which I commit, and will notify the Practice Coordinator directly or update PPP Website if I am unable to attend.
- I accept that I am part of a team and will not expect to participate in every race.
- I acknowledge that all decisions made regarding; practices, placement in the boat, race rosters and anything else related to active paddling is the SOLE DECISION OF OUR COACH, STEERSMAN AND TEAM CAPTAIN. Their decisions are final and non-negotiable.
- I understand that races and travel are expensive and partially funded by our PPP fundraising events. As an active paddling member receiving this benefit I am REQUIRED to participate in fundraising events.
- If I am unable/refuse to participate in fundraising events I have the option to buy-out my volunteer time at \$400.00 per year. This is to be paid to the PPP Treasurer no later than April 1st of each year.

IF YOU ARE UNABLE TO ADHERE TO THE COMMITMENTS STATED ABOVE, THE PPP BOARD OF DIRECTORS RESERVES THE RIGHT TO TERMINATE YOUR MEMBERSHIP WITH THE CLUB WITHOUT NOTICE OR REFUND OF DUES.

I UNDERSTAND AND ACCEPT THAT IF I REFUSE TO SIGN THIS COMMITMENT FORM MY MEMBERSHIP WITH PPP WILL BE TERMINATED.

PRINT NAME: _____

SIGNATURE: _____

PPP PADDLER MEMBER PPP NON PADDLER MEMBER
(CIRCLE WHICH ONE APPLIES)

DATE: _____