

2017 Spring Sprint Registration Form

May 21, 2017, Lake Merritt, Oakland, CA

Registration Deadline: May 12, 2017

\$100 per crew late charge for registrations received after May 12.

Make checks payable to
RENEGADES DRAGON BOAT CLUB

Mail forms and payment to:
Renegades Dragon Boat Club
PO Box 10410, Oakland, CA 94610

info@oaklandrenegades.org

Team Name _____
Team Leader _____
Address _____ City _____ ZIP _____
Phone:
Work/Home _____ Mobile _____
Email _____
Team Captain _____
Phone:
Work/Home _____ Mobile _____
Email _____

\$450 per mixed crew

Each registered mixed crew will participate in the 250 Meter and 1000 Meter events.

No. of Crews	Crew Name 1	Crew Name 2	Crew Name 3
_____	_____	_____	_____

No. of Crews X \$450 = **Your payment:** \$ _____

Each crew registers 20 paddlers, 1 drummer, 1 steersperson and up to 4 alternate paddlers.

Each crew requires a minimum of 10 female paddlers.

Race Schedule /Grid will not be changed to accomodate team race conflicts.

DISCLAIMER & LIABILITY RELEASE

As team leader, I accept any and all responsibility for, and assume the risk of, any and all injury or damage to myself and my team while participating in the 2017 Spring Sprints during any practices, races, or events that take place as part of the 2017 Spring Sprints. I hereby expressly release, discharge and hold harmless from any liability whatsoever any member of the Renegades Dragon Boat Club, Oakland Department of Parks and Recreation, City of Oakland, and any associate sponsors. This also includes any other sponsors, helpers or individuals whether salaried or voluntary. I certify that I have read and understood the contents of the liability release and disclaimer and that it is my intention by signing this form that it is binding not only upon me, but also upon my heirs, executors, administrators, successors and assigns.

Please sign below to accept the terms of this registration form.

Team Leader X _____ Print Name _____ Date _____

Team Captain X _____ Print Name _____ Date _____



City of Oakland Waiver

(Please print and use black or blue ink only)

Activity Name	Activity Number
DRAGONBOAT	72907.401

TEAM NAME:

Enrollee Information

Name _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Phones _____
 Home Phone Work or Cell Phone

Email _____ Birth Date _____

Parent/Primary Caretaker (For Children under the age of 18)

Parent/Guardian Name _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Phones _____
 Home Phone Work or Cell Phone

Email _____ Relationship to Child _____

Other Emergency Contact

Name _____ Relationship _____
 First Last

Phones _____
 Home Phone Work or Cell Phone

For Children Under the Age of 18:
I hereby make the following provisions for the daily pick up or release of my child:

_____ Child may walk home _____ Child may be picked up by parent only
_____ Child may be picked up by one of the following individuals and ONLY those individuals:

Name _____ Relationship _____
Name _____ Relationship _____

1. **Accessibility** The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with the provisions of the Americans with Disabilities Act. Please make accommodation requests at least 10 days prior to an event. Direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TTD callers please dial (510) 615-5883.

2. **Release Waiver** I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee.

3. **Authorization for Medical Treatment**

I hereby consent and authorize the City of Oakland and Office of Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury which may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.

4. **Refund Policy** Refund amount are set by the City Council and the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested the refund and the activity enrollment or facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. If you have any questions, please contact the recreation center or program coordinator.

5. **Title VI Compliance Against Discrimination 43CFR 17.6(b)**

Federal, State and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age, handicap, gender, sexual orientation, AIDS or ARC. Any person who believes he or she has been discriminated against in any program, activity, or facility operated by the Office of Parks and Recreation should write to: Director, Office of Parks and Recreation, 250 Frank H. Ogawa Plaza, Ste. 3330, Oakland, CA 94612 or call (510) 238-3092.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

X _____ Date _____
Signature of Enrollee or Parent/Guardian



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING.

NAME OF EVENT: Spring Sprints

COVERAGE DATE: 5/21/2017

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 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 does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES 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, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the **PADDLESPORT RISK MANAGEMENT, LLC, Renegades Dragon Boat Club**, their officers & directors, officials, agents, and/or employees, other participants, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, 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.

(Participant/Member Name: PLEASE PRINT) Address: _____
Signature: _____ Phone: _____ Date: _____

FOR PARTICIPANTS OF MINORITY 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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees 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 RELEASEES, 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) _____
Address: _____ Emergency Contact # _____
Signature of Parent/Legal Guardian: _____ Date: _____