

DAD VAIL REGATTA ORGANIZING COMMITTEE, INC.

4 Boathouse Row - Kelly Drive
Philadelphia, PA 19130

VOLUNTEER RELEASE OF LIABILITY - PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Dad Vail Regatta Organizing Committee program, related events and activities, I, _____

the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program 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,
2. 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,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS **the Dad Vail Regatta Organizing Committee, Inc., including its Directors and Officers, and its Organizers, the City of Philadelphia, Fairmount Park, Team Concepts, Inc., Beka's Food Service**, their directors, officers, officials, agents, subcontractors and/or employees, other participants, sponsoring agencies, sponsors, advertisers, 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, to the fullest extent permitted by law.

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.

PARTICIPANTS NAME PRINTED

Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE (The Signer of this Release certifies signing within the Commonwealth of Pennsylvania.)

Address: _____
Street City State Zip Phone