

**Seattle Pacific University**  
***Cystic Fibrosis Foundation Four-Miler – October 8, 2011***  
**Individual and Minor Waiver Form**

Participant Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (evening) \_\_\_\_\_ Phone (day) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

I am voluntarily participating in the Cystic Fibrosis Foundation Four-Miler Regatta hosted by Seattle Pacific University (SPU) on October 8, 2011. In doing so, I acknowledge and accept the following:

I acknowledge, understand, and assume that injuries to participants in rowing races and activities may occur from risks inherent in them. These injury risks include but are not limited to: placing added stress on my body; learning or practicing techniques; failing to follow training, safety, or racing rules; using transportation to and from regattas, races, and other events, administration of first aid. In addition, injuries may occur as a result of an accident. For example, I might slip and fall; I might be struck by part of a boat; a boat might capsize; I might be thrown overboard into cold water; a boat might hit another boat or run into an obstruction or the shore and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as heart strain or failure, paralysis, or even death. I will be exposed to the weather, including rain, wind, cold, and sun. I might become ill through chill or suffer sunburn, heat exhaustion, or heat stroke. In order to minimize the potential for injuries, I will obey the directions of the regatta director, officials, and authorities. I will follow all safety rules of the waterway and of the United States Rowing Association. I will tell my instructor about my limitations or medical restrictions on my participation.

I declare that I am in sufficient health to participate in any and all activities related to this event.

I acknowledge that SPU and event-affiliated entities are not responsible for the actions or inactions of participants and/or spectators and SPU and event-affiliated entities will be held harmless and not responsible for lost, stolen, or damaged personal property before, during or after the event.

In consideration for my acceptance as a participant in the Cystic Fibrosis Foundation Four-Miler, I agree to assume the associated risks, and to release and hold SPU, its members, employees, and agents; and other sponsoring organizations to include the City of Seattle and the Cystic Fibrosis Foundation, harmless from claims for all injuries and damages which may occur from or as a result of my participation in the event. I agree that this assumption of risk and release shall bind my heirs and my estate. A signature on the bottom of this form acknowledges that I have read all statements above.

Participant's signature required. The signature of a parent or guardian is also required for participants under 18 years of age signing this form.

Individual signature \_\_\_\_\_

Participant (Parent/Guardian for under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Seattle Pacific University**  
***Cystic Fibrosis Foundation Four-Miler – October 8, 2011***  
**Adult Team Member Waiver Form**

Organization Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (evening) \_\_\_\_\_ Phone (day) \_\_\_\_\_

**I, the undersigned, am voluntarily participating in the Cystic Fibrosis Foundation Four-Miler Regatta hosted by Seattle Pacific University (SPU) on October 8, 2011. In doing so, I acknowledge and accept the following:**

- **I acknowledge, understand, and assume** that injuries to participants in rowing races and activities may occur from risks inherent in them. Injuries to participants in rowing races and activities may occur from risks inherent in them. These injury risks include but are not limited to: placing added stress on my body; learning or practicing techniques; failing to follow training, safety, or racing rules; using transportation to and from regattas, races, and other events and administration of first aid. In addition, injuries may occur as a result of an accident. For example, I might slip and fall; I might be struck by part of a boat; a boat might capsize; I might be thrown overboard into cold water; a boat may hit another boat or run into an obstruction or the shore and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as heart strain or failure, paralysis, or even death. I will be exposed to the weather, including rain, wind, cold, and sun. I might become ill through chill or suffer sunburn, heat exhaustion, or heat stroke. In order to minimize the potential for injuries, I will obey the directions of the regatta director, officials, and authorities. I will follow all safety rules of the waterway and of the United States Rowing Association. I will tell my instructor about my limitations or medical restrictions on my participation.
- **I declare** that I am in sufficient health to participate in any and all activities related to this event.
- **I acknowledge** that SPU and event-affiliated entities are not responsible for the actions or inactions of participants and/or spectators and will be held harmless and not responsible for lost, stolen, or damaged personal property before, during or after the event.

**In consideration** for my acceptance as a participant in the Cystic Fibrosis Foundation Four-Miler, I agree to assume the risks, and release and hold SPU, its members, employees, and agents and other sponsoring organizations including the City of Seattle and the Cystic Fibrosis Foundation harmless from claims for all injuries and damages which may occur from or as a result of my participation in the event. I agree that this assumption of risk and release shall bind my heirs and my estate. A signature on the bottom of this form acknowledges that I have read all statements above.

**I am aware** this is a release of liability, a waiver of claims, an agreement not to sue, and a contract between myself and Seattle Pacific University, the City of Seattle, and the Cystic Fibrosis Foundation for the benefit of others described herein, I sign it of my own free will.

**I have read, and understand, and accept the contents above.**

**I have read, and understand, and accept the contents above.**

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**I have read, and understand, and accept the contents above.**

**I have read, and understand, and accept the contents above.**

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**I have read, and understand, and accept the contents above.**

**I have read, and understand, and accept the contents above.**

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**I have read, and understand, and accept the contents above.**

**I have read, and understand, and accept the contents above.**

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**I have read, and understand, and accept the contents above.**

**I have read, and understand, and accept the contents above.**

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_