



Gateway Dragon Boat Festival

2025 - 19th Annual Gateway Dragon Boat Festival Release, Waiver and Indemnity Form

In consideration for being allowed to participate in the 2025 Gateway Dragon Boat Festival and/or practice sessions offered by the Gateway Dragon Boat Festival, and my agreements and understandings set forth below, I, for myself and my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Signature Healthcare Foundation, Gateway Dragon Boat Festival, Dynamic Dragon Boat Racing, LLC, St. Louis County, the Pattonville Fire District, Maryland Heights Fire Protection District and all sponsors of and contributors to the Dragon Boat Festival, the Signature Healthcare Foundation and all its respective directors, members, trustees, agents representatives, officers, sponsors, licensors, servants, employees, contractors, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, illness, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event and/or practice sessions, whether as spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event or any practice session, AND NOTWITHSTANDING that SUCH INJURIES may have been contributed to, or occasioned by, the NEGLIGENCE OR FAULT of any of the aforesaid persons or entities.

I FURTHER HEREBY AGREE TO HOLD AND SAVE HARMLESS AND INDEMNIFY all of the aforesaid from and against any and all liability incurred by any of them as a result of, or in any way connected with, my participation in the said event and/or practice sessions.

I and my next of kin are duly aware of the inherent risks and hazards in the sport of dragon boat racing and I acknowledge that conditions may be hazardous and dangerous and that obstructions may exist, and that high winds may cause rough water, and I hereby voluntarily assume all risks of loss, damage, illness or injury, including death, that may be sustained by me or to any property in connection with my participation in the event and/or practice sessions.

I acknowledge that there are risks, known and unknown, related to COVID-19 and other illnesses involved with participation in this event and/or practice sessions, including without limitation exposure to or infection from COVID-19 and other illnesses and health consequences to myself, my family and/or others due to such exposure or infection. These risks to myself, my family and others are unavoidable and I may contract COVID-19 and other illnesses because of negligence of any person or otherwise. I understand that I cannot be guaranteed that we will not contract COVID-19 and other illnesses, including through my participation. I agree and promise to accept and assume all of the risks associated with COVID-19 and other illnesses through participation in this event and/or practice sessions.

Please note, by attending this event you are giving Signature Healthcare Foundation, participating vendors, sponsors, and performers permission to: photograph, videotape, and audio record for use in digital and print media during the event and after the event. Use could include, but not limited to, promotional, educational, and any other public media, that may be deemed appropriate.

I hereby acknowledge and represent, that I have read the foregoing Release, Waiver and Indemnity Form and understand and agree to it voluntarily, that I am 18 years of age or older, or will be 14, 15, 16, 17 or 18 years of age prior to December 31 of this year and I have co-signed with a parent or guardian, as the case may be.

Team Member Name: _____

Organization Name: _____

Team Name (if known): _____

Email: _____

Cell Phone: _____

Contact in case of emergency: _____ **Phone:** _____

Do you have a medical condition which emergency personnel should be aware of in the case of illness or injury?

No: ☐ Yes: ☐ Explain: _____

Date (mm/dd/yyyy) _____

Signature of Team Member _____

Signature of Parent or Guardian (if team member is under 18 years of age) _____