



# Daytona Beach Sail and Power Squadron Boats, Bikes and Hope for the Warriors 2018 Poker Run



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH DAYTONA BEACH SAIL AND POWER SQUADRON (DBSPS) INAUGURAL POKER RUN including but not limited to any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or others, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: United States Power Squadron (USPS), DBSPS and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers and Hope for the Warriors Organization and/or their directors, officers, employees, volunteers, representatives, and agents ;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity regardless of cause.

I acknowledge that USPS and DPSPS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. The risks include, but are not limited to, those caused by terrain, navigable waters, facilities, temperature, weather, condition of participants, equipment, traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

By signing below I forfeit all right to bring a suit against USPS, DBSPS and Sponsors, participant and volunteers for any reason, and in return, I will receive permission to participate in event. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I AM OF LEGAL AGE, I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name (Please print legibly.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

