

DISABILITY WAIVER

EVENT:

CREW/TEAM NAME:

PARTICIPANT NAME:

DISABILITIES:

HELPER NAME AND QUALIFICATIONS (IF APPROPRIATE)

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ACTIVITY TO BE UNDERTAKEN: DRAGON BOAT CREW MEMBER

DECLARATION: I declare that I have read the rules of participation and confirm that I am able to communicate, receive, understand and respond to instructions which may be given to me by an event staff member whether directly or through an interpreting Helper over the age of 18. I also confirm that I am able to sit unaided in the boat and am confident and competent in water and can (in the event of a capsize) remain in an upright position with my head above water unaided whilst wearing light clothing and an approved personal floatation device (buoyancy aid). I further acknowledge that I or my Helper must satisfy myself/himself/herself that a personal flotation device of the correct size is available and securely fitted to me before I present myself to the loading marshalls / helm for checking prior to embarkation.

(If own personal flotation device is to be used this must be presented for inspection by the Chief Official prior to permission being given for its use, such permission when given will be deemed to be in operation for the whole of the above named event). I declare that in all other respects (other than my declared disabilities) that I conform to the rules of participation including the declaration of medical conditions, which might prohibit my participation. I also confirm that I participate completely at my own risk. I also acknowledge that (for physical disabilities only) the above named Helper will have to be briefed and approved before being permitted to act as my Buddy and will be required to be seated next to me at all times during the races in which I participate. I accept that failure to comply with any of the foregoing will result in my being refused access to the competition on the grounds of safety. This declaration will apply to every race entered within the above named competition.

SIGNED: **PARTICIPANT (OR HELPER IF APPROPRIATE)**

DATE: **APPROVED BY (CHIEF OFFICIAL)**