The Rose of Nelson™ Batteau

Waiver of Liability and Release

members, captains, sponsors, organizers, promoters, board of directors, officers and governmentities, those directly or indirectly involved with this against any and all claims, demands, activates of action for costs, expenses or damages to personal property or personal injury, or dewhich may result from my participation in these activities. I understand and admit that my participation in this event is voluntary. I assume full responsible for any and all injuries or damages resulting from my participation in this festival including	ne
the James River Batteau Festival and the Rose of Nelson™ Batteau, other participants, crew members, captains, sponsors, organizers, promoters, board of directors, officers and governmentities, those directly or indirectly involved with this against any and all claims, demands, actically causes of action for costs, expenses or damages to personal property or personal injury, or dewhich may result from my participation in these activities. I understand and admit that my participation in this event is voluntary. I assume full responsible for any and all injuries or damages resulting from my participation in this festival including	of
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responsibility for using reasonable judgment in all phases of participation of the program inclu	ling
travel to and from the event's location. I recognize and understand that the activities may be	
hazardous, that my participation is solely at my own risk, and that I assume full responsibility f	or
any resulting injuries and damages.	
I affirm that I am in good health. I further declare that I am physically fit and capable to participal in such activities. I acknowledge that it is the recommendation of the Rose of Nelson™ Batters that I obtain general medical/health insurance if I am not already covered. I understand that it responsibility to notify the appropriate person of emergency medical information. I also understant this Waiver of Liability and Release binds my heirs, executors, administrators, and assign	u s my tand
well as myself.	
I acknowledge that I have read and understand this entire Waiver of Liability and Release, my	
questions have been answered before signing this document and I agree to be legally bound	y it.
Participant's Name Signature	
Date Witness	
Signature of Parent or Guardian if Participant is under the age of 18	00 07 1/

Rev. 2008.07.10