

Capital Dragons



MEMBERSHIP INFORMATION

Full Name:.....

Nationality:.....

Date of birth:

Mobile no:

Email address:

IN CASE OF EMERGENCY

Emergency Contact Name:

Relation:

Contact number and/or email:

QUESTIONS

- 1- Are you in a state of health or do you suffer from Asthma/Heart Condition or any other condition that we should be aware? Yes No

If YES - Please include a letter from your medical practitioner stating that paddling will not be hazardous to your health status.

If YES, and you have clearance from your medical practitioner, please ensure that each time you paddle that your partner on the boat is aware of your condition and any devices you carry to alleviate any negative symptoms that may occur.

- 2- Can you swim?

Yes

No

Signature

Date

I declare that the above information is true.



LIABILITY RELEASE AND ASSUMPTION OF RISK FOR PADDLING WITH CAPITAL DRAGONS (ABU DHABI)

PLEASE READ CAREFULLY, FILL IN ALL BLANKS AND SIGN YOUR FULL NAME IN THE PRESENCE OF A WITNESS

1. I am aware of the inherent hazards of Dragon Boating (hereinafter referred to as "paddling").
2. I understand and agree that neither Capital Dragons Club, nor any of their members (including but not limited to Team Captain or Boat Steerperson) will be held liable or responsible in any way for any injury, damage, inconvenience or death to me and hereby assume all risks, harm, injury inconvenience or damage that may befall me in connection with paddling or any other activities related thereto.
3. I declare that I am in good mental and physical health and able to participate in paddling and their related activities.
If I have an underlying medical condition and/or if am taking medication, I declare that my physician has sanctioned my current participation in paddling, as attested to by the attached letter from my physician.
4. I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parents or guardian.
5. I declare that I have no objection to Capital Dragons posting and/or sharing any photos or videos of me in relation to paddling on their website, facebook, instagram, youtube, vimeo or any other social network.
6. I understand these terms and have signed this document of my own free will.

Full name

Signature

Date

Signature of Parent/guardian

(If participant is younger than 21years old. Please also print name and contact number).....

Date

Signature of Witness Date