



# NCC Waiver & Publicity Permit

## PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge that this rowing program is voluntary and involves risk of personal injury or death. By signing this release I understand that I will forfeit any right to claim damages from North Cascades Crew (or NCC), the City of Lake Stevens, Snohomish County, or their officers and employees, for personal injuries or death or property damages related to participation in this rowing program.

## RELEASE AND INDEMNIFICATION AGREEMENT

I assume all responsibility for any and all risk of damage or injury that may occur to me or my property while rowing or sculling under the direction of North Cascades Crew, including boats and boat trailers owned by North Cascades Crew. In consideration of permission to participate in the programs of North Cascades Crew, I agree that NCC, the City of Lake Stevens and Snohomish County, their officers and members, employees and staff, and all persons related directly and indirectly, shall not be liable for any damages arising from personal injuries or property damage in, on, or about NCC's/Lake Stevens/Snohomish County facilities; or as a part of its programs; or as a result of the NCC's equipment on or off the premises; or as a result of any kind of negligence of NCC, the City of Lake Stevens or Snohomish County, their officers, members, employees, or of anyone else involved in the rowing program. I further agree to release and discharge and indemnify North Cascades Crew, City of Lake Stevens and Snohomish County, their officers, members, employees, staff and all persons related directly and indirectly and anyone else acting on its behalf from any and all claims, demands, rights of causes or actions, present or future, whether known, anticipated, or unanticipated, or litigation (including costs and attorney fees), including but not limited to claims of negligence resulting from or arising out of, or incident to the use (or intended use) of its premises, facilities or equipment or participation in its programs or as a result of, or incident to, any instructions that I may have received under the direction of NCC. **I have read and understand the foregoing "Release and Indemnification" and sign with knowledge that I am giving up certain rights.**

## PUBLICITY PERMIT

I give my permission for my picture to appear in any publication for the purpose of telling of activities happening in North Cascades Crew. I understand that these publications might include city/school/crew information or promotional brochures, pictures, newspaper articles, website postings, and/or newsletters relating to any of the above activities.

☐ I hereby give my permission ☐ I hereby do not give my permission

## MEDICAL INSURANCE WAIVER

☐ I have no insurance and accept full financial responsibility

☐ I have insurance. Insurance Company \_\_\_\_\_

**I certify that my responses above are valid and accurate.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_