



REGISTRATION – NEW ROWERS - 2024

Please complete the application and the required forms:

1. Waiver and Liability Release
2. Photo and Publicity Consent
3. Health Emergency Information and Consent for Medical Assistance

and mail to:

Barbara Pontolilo, 1238 Drift Road, Westport, MA 02790

NAME: _____

Address: _____
and Street Town/City State Zip

Cell Phone: _____ Home Phone _____

Email: _____

I am interested in volunteering for the following activity:

Boat Maintenance _____ Youth Programming Outreach _____

Fundraising _____ Publicity _____ Grant-writing _____

Dharma Voyage, Inc.

PO Box N104, Westport, MA 02790

WAIVER OF LIABILITY AND RELEASE FOR PARTICIPATION IN DHARMA VOYAGE ROWING PROGRAMS, ACTIVITIES, AND EQUIPMENT

ALL PARTICIPANTS MUST BE AT LEAST 18 YEARS OLD OR HAVE A PARENT OR LEGAL GUARDIAN SIGN ON THEIR BEHALF.

IN CONSIDERATION OF PERMISSION from Dharma Voyage for myself, or my minor daughter or son, to participate in various Dharma Voyage programs, rowing activities and to use any Dharma Voyage equipment:

I AFFIRM AND REPRESENT that I, or my minor daughter or son, are in good health and free of from any medical condition that might create a risk of injury to myself, to them or to any others who might depend on myself or them in connection with these activities.

I ACKNOWLEDGE AND UNDERSTAND that carpentry, boat building, rowing, and any water-based activities such as may be conducted or sponsored by Dharma Voyage may involve physically demanding and potentially hazardous conditions that include the risk of injury, illness, death, or damage or loss of personal property, and that I am solely responsible for my, or my daughter or son's, safety and conduct at all times.

ACCORDINGLY, I AGREE for myself, or on behalf of my minor daughter or son, to:

- 1. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Dharma Voyage, Dharma Voyage staff members, volunteers, or event coordinators, (hereinafter referred to as **RELEASEES**) for any and all claims of liability for injury, illness, death, or property damage or other loss, even if caused by any claimed negligence of these releases.
- 2. ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN AND ACCEPT FULL RESPONSIBILITY** for myself, or on behalf of my minor daughter or son, for any injury, death, illness, property damage or other loss suffered in connection with any Dharma Voyage program or activity.
- 3. TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any and all claims of liability for any injury, illness, death, property damage, or cost or expense or other loss even if caused by any claimed negligence of these releases.
- 4. I FURTHER AGREE** that any all liability claims against Dharma Voyage and its releases that may arise in connection with its programs, activities, or equipment filed by myself or my minor daughter or son, shall be governed exclusively by the laws of the Commonwealth of Massachusetts.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY FOR DHARMA VOYAGE RELEASE AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP IMPORTANT

LEGAL RIGHTS. I understand and freely sign this agreement and here affirm that no oral representations, statements or inducements have been made apart from the foregoing agreement. This agreement shall bind myself, my family members and my heirs, executors, assigns, and legal representatives.

SIGNATURE OF PARTICIPANT _____ Date _____

Printed Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____
and Street

Phone Contact: Cell# _____ Home# _____

Email _____

REQUIRED SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18:

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

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Health Emergency Information and Consent for Medical Assistance

Participant Printed Name _____ DOB _____

EMERGENCY CONTACT _____

Parent or legal guardian if the Participant is a minor child:

Relationship _____

Phone # _____ Cell or Work # _____

Participant's Physician Information _____

Physician Phone _____

Physician Office Address _____

I AM AWARE that Dharma Voyage's staff members, volunteers, event coordinators and program personnel are not medical professionals and that they cannot be relied upon to provide medical advice or assistance for physical ailments, or in response to medical emergencies.

CONSENT FOR FIRST AID AND MEDICAL ASSISTANCE: In the event that I, or my minor child, am injured during a Dharma Voyage rowing program or related activity, **I give permission for Dharma Voyage, Inc., its staff, volunteers, and activity participants (hereinafter RELEASES) to administer first aid** and to seek medical assistance as they deem necessary. I hereby release the **releases** from any claim whatsoever on account of first aid treatment or service rendered to me or my minor child during participation in any Dharma Voyage rowing program or related activity. `

I am over 18 years of age and/or am the parent or legal guardian of the participant identified herein. I have fully read this **CONSENT FOR MEDICAL ASSISTANCE AND RELEASE**, understand, and agree with its terms:

Signature _____ Date _____

Printed Name _____

Dharma Voyage, Inc.

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Photo and Publicity Consent

Consent for Pictures and Publicity: I, _____, am over 18
years of age and/or am the parent or legal guardian of:

_____.

I give Dharma Voyage, Inc. permission to use my or my minor child's photo(s) and statement(s), about the program and related activities in materials that promote Dharma Voyage. These may include brochures, newspapers, the internet, radio magazines, or television.

Signature _____ Date _____

Printed name _____