



Sea Explorer Crew 4081
PO Box 711, Anacortes, WA 98221
360-202-0767
Non-Profit #2-297438-0

2012 Pacific Challenge
Acceptance of Responsibility and Release from Liability

Crew 4081, OARS, the Port of Anacortes and all our sponsors seek to present a Pacific Challenge that is safe, educational and fun. The following information is not designed to diminish enthusiasm for the Pacific Challenge, yet we want participants to know in advance what some of the potential risks are.

Awareness of Risks

I understand that my participation in the 2012 Pacific Challenge is voluntary; that I may be exposed to emotionally and physically stressful and challenging activities that may require me to row, sail, move around in a moving boat and participate in other maritime activities within the water's surrounding Anacortes, Washington. I also understand that I am free to stop participating in any activity at any time, if I so choose. I acknowledge the risk, hazards, and possibility of injury in my participation in the 2012 Pacific Challenge that may result from falling, coldwater immersion, being hit by oars or other parts of a boat and other sources of injury. Some of the risks include, but are not limited to, cuts, broken bones, sprains, head injuries, heat exhaustion or heat stroke and drowning. I agree to assume these risks. To reduce the chance of injuries, I recognize that I must follow safety instructions and refrain from behavior that is harmful to oneself and others. I understand that it is my responsibility to provide my own accident and health coverage while participating in this program and I further understand that the 2012 Pacific Challenge does not provide this coverage for participants.

Authorizations- By signing below, the participant and his/her parents or guardians hereby:
Participation

Consents to participate in supervised activities with the 2012 Pacific Challenge including rowing, sailing, swimming, and use of tools. I understand that pictures may be taken during participation in such activities and I give permission for Pacific Challenge affiliated organizations to use these pictures for promotional purposes.

Medical Treatment

Gives permission for the participant to be given first aid and/or cardiopulmonary resuscitation (CPR) by a qualified member of the 2012 Pacific Challenge medical staff, and/or to be transported by ambulance or aid car to an emergency center for treatment. In the event that the participants parents or guardians cannot be contacted, I give consent to the medical, surgical and hospital care treatment and procedures to be performed for the participant by a licensed physician or hospital selected by the 2012 Pacific Challenge medical staff when deemed immediately necessary or advisable by the physician to safeguard the participant's health.

Release from Liability

I hereby agree to release 2012 Pacific Challenge, its hosts, supporters, volunteers and agents from any and all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my participation in any 2012 Pacific Challenge activity. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read and agree to the above statements.

Participant's Name

Parent/Guardian Name

All participants under the age of 18 must have parental/guardian signature

Signature of Participant and Parent/Guardian if under 18

Dated