

**SYNERGY OUTDOOR ADVENTURE RESOURCES  
WAIVER, RELEASE FROM LIABILITY AND IMAGE RELEASE**

PLEASE READ CAREFULLY BEFORE SIGNING

**I acknowledge that sporting events and activities of Synergy Outdoor Adventure Resources, Inc. (hereinafter SOAR) test physical and mental limits and carry the potential for death, serious injury, or property loss. With full knowledge of the activities involved, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A SOAR EVENT OR ACTIVITY.**

In consideration of permission to participate in a SOAR activity (including but not limited to dragon boat training and racing and related activities) and other adequate and sufficient consideration, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or related to my participation in, or my traveling to and from the SOAR event, THE FOLLOWING PERSONS OR ENTITIES: Synergy Outdoor Adventure Resources, Inc. (SOAR); the Event Director; the Event Owner; Sponsors; Participants, Hosts/Land Owners, Coaches/Trainers; and the officers, directors, employees, volunteers, representatives, and agents of any of the above (collectively, the SOAR Entities); b) I AGREE NOT TO SUE any of the SOAR entities for any of the claims or liabilities that I have waived, released or discharged herein: and c) I INDEMNIFY AND HOLD HARMLESS the SOAR entities from any claims made or liabilities assessed against them or any of them as a result of my actions except those resulting from the willful acts or gross negligence of any such SOAR entity.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical facility, or other personnel to treat me for the purpose of attempting to treat or relieve any injuries received by me arising out of or relating to the SOAR event. I authorize the performance of any procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I understand that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk.

I also grant permission for the use of my name and or likeness related to my participation in any event conducted by SOAR. I also grant the use of my voice and any and all recorded and or filmed/video/photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.

\_\_\_\_\_ I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I HAVE READ, UNDERSTOOD AND AGREE TO THE FOREGOING.

\_\_\_\_\_ I AM UNDER THE AGE OF EIGHTEEN (18) YEARS AND I HAVE READ THIS DOCUMENT. MY PARENT/GUARDIAN HAS ALSO READ AND COMPLETED THE SECTION BELOW.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PARENTAL CONSENT**

(If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

I, \_\_\_\_\_, the parent and natural guardian or legal guardian of \_\_\_\_\_ (hereinafter "the minor") hereby executes the foregoing Waiver and Release for and on behalf of the minor. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release and authorization for medical treatment. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the SOAR Entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release and authorization.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO MINOR: \_\_\_\_\_