

RIVER CITY ROWING CLUB WAIVER/AUTHORIZATION FOR MEDICAL TREATMENT AND EMERGENCY CONTACT INFORMATION

IN CONSIDERATION of being given the opportunity to participate in any **River City Rowing Club ("Club")** activities ("**Activity**"), my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a) **ROWING ACTIVITIES INVOLVE RISKS AND DANGERS** of serious bodily injury, including permanent disability, paralysis and death ("**Risks**"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction;
4. HEREBY RELEASE, discharge, and covenant not to sue US Rowing, the Club, their administrators, directors, agents, officers, members, volunteers and employees, other participating, regatta organizers, any sponsors, advertisers, and if, applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "**Releasees**" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.
5. I authorize and release to the Club the use for any purpose of any photographic or video recorded image of the participant listed herein.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of an liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ **Date of Birth:** _____

Parental Consent: AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Participant's Legal Guardian: _____

Parent's Primary Email Address: _____ **Parent's Cell Phone:** _____

Address: _____

Parent/Guardian Signature (if participant is under age 18): _____ **Date:** _____

In the event my son/daughter is injured or becomes ill during the period of September 1, 2020 to September 1, 2021 while participating in activities of the River City Rowing Club, I consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis, treatment and/or hospital care from a licensed dentist, physician and/or surgeon when deemed necessary for his/her safety and welfare. I understand that the resulting expenses, including transportation, if necessary, will be my responsibility. A copy of this document has the same authority as the original.

Parent/Guardian Signature (if participant is under age 18): _____ **Date:** _____

In case of medical emergency please contact:

Parent/Guardian Name	Relationship to Athlete	Phone Number
1		
2		

List all medications/ allergies/ known medical conditions	
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