



WAIVER FORM FOR THE INLET ROWING CLUB (IRC)

Acknowledgement of Risks

For: IRC, and their respective directors, officers, employees, contractors, representatives, officials, agents, and volunteers
Re: Participation in the IRC programs, pursuant to the IRC safety guidelines, rules and regulations, (collectively referred to as the "Rules")

PLEASE READ CAREFULLY

Please provide all information, and SIGN the Waiver on the OTHER SIDE of this sheet.

Date: _____

Name: _____

Phone: _____

Mailing Address: _____

Email Address: _____

Program: _____

Birth date (MM/DD/YR): _____

Gender: ___ Male ___ Female

I am able to swim: ___ Yes ___ No

I have the following medical conditions, which my rowing coach ought to be aware of:

Please note that all personal information given by participants will only be used for administration and regular communication with respect to related programs & events with IRC, per the IRC Personal Information Protection Privacy Policy.

Please check (✓) here if you prefer not to have your name added to the IRC general contact list, and being contacted regarding future events and programs.

ASSUMPTION OF RISKS

I am aware and understand that rowing and sculling programs and rowing and sculling sports have inherent dangers, hazards and risks including, but not limited to:

- Accidents which occur while loading and unloading equipment
- Equipment failure
- Improper use of equipment
- Facility and site hazards
- Abrupt weather changes
- Negligence of others
- Negligence of the Releasees
- Collision of man-made or natural objects or other rowers or bystanders
- Conditions of water surface and variations in the water conditions, surfaces and currents
- Overturning or upsetting of the boat
- Falling from the boat while on the water
- Poor swimming ability of myself or other
- Sustained rigorous physical activity
- Travel to and from the rowing site
- Drowning
- Immersion in cold water
- Hypothermia

I understand that injuries resulting from such risks are a possible occurrence of rowing and sculling sports.

I acknowledge that it is my responsibility to act in such a manner as to be responsible for my own safety and participate within my own limits.

Signature of Registrant

I, as a parent or guardian of the Registrant, acknowledge that, by my signing this document, I am, in addition to the Registrant and others, assuming the responsibility to educate and inform the Registrant of the risks.

Witness' signature

Signature of Parent/Guardian

Date signed