

LYC Rowing - Waiver

Participant s Name: _____
Date of Birth: _____ Male _____ Female _____
Parent (s) / Guardian s Name (if 18 & under): _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____
Cell: _____
Email: _____
Emergency contact name and phone number(s): _____

Please list any health conditions of the participant that we should be aware of; i.e. heart conditions, asthma, anaphylaxis (allergies), etc.

WAIVER, RELEASE and INDEMNIFICATION:
This is a legal document. Please read carefully.

I understand that rowing in a cold water environment is physically demanding and is a potentially dangerous event. It has unavoidable risks such as hypothermia and drowning and weather conditions may be adverse and greatly increase the danger.

I certify that I am medically fit to participate without risk to myself or others. I understand that I am totally responsible for my own safety. In consideration of my being permitted to participate in the LYC Rowing Program, I hereby remise, release and forever discharge, waive and save harmless, protect and indemnify the Lunenburg Yacht Club, its Board of Directors, the Rowing Coach and members of the Rowing Committee, any and all clubs, associations, sanctioning bodies, sponsors, participants, competitors, entrants and all respective agents, officials, volunteers, servants, and representatives from and against any and all kinds of action claims, costs and expenses and demands in respect of death, injury, loss or damage to my person or property howsoever caused as a result of my being permitted to attend or in any way take part prior to, during or subsequent to rowing, whether as a recreational rower, competitor, spectator or otherwise, notwithstanding that some may have been contributed to or occasioned by the negligence of any of the aforesaid, their agents, officials, servants or representatives.

Further, I hereby grant permission to any of the above to disseminate photographs or other event result information to the public, through any medium they so choose, from time to time.

By submitting this entry, I acknowledge having read, understood and agreed to the above. This document will bind my heirs, executors, administrators, successors, and assigns.

Signature of Participant: _____
Date: _____

Signature of Parent / Guardian (if applicable): _____
Date: _____