



# Olympia Area Rowing Junior Program – FALL 2010 Registration Instructions

## HOW TO REGISTER

1. **Returning Varsity:** Please fill out the one page registration short form and provide payment **by registration due date – Aug 20, 2010.**
2. **Returning Summer 2010 Novices:** Please fill out one page registration short form and provide payment **by registration due date – Aug 30, 2010.**
3. **New Applicants:** Please complete all of the attached forms. If you think you are deficient in any forms, please send an email to the Parent Coordinator at the contact point shown below for guidance.
  - Registration Checklist
  - Registration Form
  - Medical History and Permission
  - Swim test \*
  - Olympia Area Rowing Release of Liability
  - Athlete Code of Conduct
  - Physical Examination\*\*

**Forms** are located on the club website: <http://www.olympiaarearowing.org> (Juniors Page). Make checks payable to Olympia Area Rowing. Please write the rower's full name on the "memo" line on the check. Drop off your packet at the OAR boathouse in the "black box" - or mail your completed forms along with payment to:

Olympia Area Rowing  
P.O. Box 7148  
Olympia, WA 98507-7148

4. **Scholarships** are available. Please contact Parent Coordinator with scholarship requests. See bottom of form for contact information.
5. **SWIM TEST** New rowers must complete a swim test in order to participate in any water activities. Swim tests are valid for 4 years. Please contact Parent Coordinator if you have questions about the swim test on file. The swim test is **not** given at OAR. The swim test may be taken at any pool by a certified lifeguard. Generally the YMCA, Valley Athletic club, or Evergreen State College pools will provide test at no fee.
6. **PHYSICAL EXAMINATION BY DOCTOR**  
A current (one year) physical is required for entry into the junior program. All rowers must have a sports physical performed by a licensed practitioner/physician. A school "Sports Physical" is acceptable. Athletes may submit the OAR Physical Examination Form, a copy of the form required by the school, or a sports physical form from their physician.

## WHAT TO WEAR ON THE FIRST DAY

1. Wear work-out clothes appropriate to the weather. Avoid saggy or loose fitting clothing.
2. Wear athletic shoes and socks. Running and calisthenics and core exercises are routine parts of training for rowing.
3. Rowing shorts are tight fitting spandex and available from JLRowing.com or from local sports stores.
4. Layers work well during cold weather. Base layers such as "Under Armor" are usually available at Alpine Experience.
5. Gloves are not used during any on-the-water rowing practices but are useful for land workouts in cold weather.
6. Bring a full water bottle to practice every day. Sunblock if the weather is sunny/hot (rare, but it happens).
7. Practices occur even in inclement weather. When the weather conditions are unsafe for rowing, coaches will provide a land training workout. Plan to dress appropriately for the weather every day.
8. No cellphones, ipods, or other electronic devices may be used in any practice, except by specific direction of a coach.

**Questions?  
please  
contact:**

**Mike Ruth**  
OAR Board Parent Rep  
(360) 350-8115 Cell  
[mikeruthgis@hotmail.com](mailto:mikeruthgis@hotmail.com)

**Sherri Willoughby**  
OAR Board Parent Rep  
(360) 704-3040 Home  
[Sherri.OAR@gmail.com](mailto:Sherri.OAR@gmail.com)

**OAR Junior Registration – Fall 2010 Season**  
**Registration Short Form (For Returning Rowers Active in Summer '10)**

**ROWER NAME** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**PARTICIPANT PHONE** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**PARTICIPANT E-MAIL** \_\_\_\_\_ @ \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**SUMMER 2010 CREW:** Varsity Girls \_\_\_ Varsity Boys \_\_\_ Novice Girls \_\_\_ Novice Boys \_\_\_ None \_\_\_

**EMERGENCY CONTACT INFORMATION**

**PARENT NAME (S)** \_\_\_\_\_

**PARENT E-MAIL(S)** \_\_\_\_\_

**PARENT PHONE** (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

<b>Alternative person (s) to whom junior rower may be released in case of emergency:</b>	
<b>1.</b> Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____	<b>2.</b> Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

**PARENT PERMISSON SIGNATURE** \_\_\_\_\_  
(Please sign OAR Liability Waiver for full content of parental permission statements. Kept on file for returning rowers.)

**Practice Times and Fees:**

<b>Crew</b>	<b>Practice Times</b>	<b>Dates</b>	<b>Fee</b>	<b>Included Regattas</b>
<b>Varsity Boys/Girls</b>	Mon-Fri 3:20 – 5:40 pm	Aug 30 – Nov 7 (10 weeks)	\$325	Budd Inlet (opt), Tail of the Lake, Salmon & Seal, Portland Classic, Head of the Lake (Seattle).
<b>Novice</b>	Mon-Fri 3:30 – 5:30 pm	Sep 6 – Oct 29 (8 weeks)	\$295	Tail of the Lake (Seattle), Salmon & Seal (Olympia).

**Please Enter Payment Information:**

Amount Paid \$ \_\_\_\_\_ .00    Check Number \_\_\_\_\_    Date on Check: \_\_\_/\_\_\_/2010

**Please note:** Need-based scholarships and discounts are available. Contact Parent Coordinator for information.

\*\*\*\*\* **FOR OAR USE ONLY:** \*\*\*\*\*  
Supplemental Information:

**Olympia Area Rowing Junior Program – Fall 2010**  
**Class Registration Long Form (For New Rowers or Rowers Inactive in Summer '10)**

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

PARTICIPANT PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

PARENT NAME (S) \_\_\_\_\_

PARENT E-MAILS \_\_\_\_\_

PARTICIPANT E-MAIL \_\_\_\_\_

**Authorization to Treat a Minor**

I (we) the undersigned parent (s), or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room of any acute general hospital holding a current license to operate and that I (we) agree to be responsible for the cost of such treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide the authority and power to render care which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

It is understood that Olympia Area Rowing is not liable for any accident or incident related to transportation by a public carrier.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Type or Print): \_\_\_\_\_

**Emergency Contacts**

Alternative person (s) to whom students may be released in case of emergency:

<p>1.</p> <p style="text-align: center;">Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>	<p>2.</p> <p style="text-align: center;">Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>
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**Payment Information:**

Amount Paid \$ \_\_\_\_\_ .00    Check Number \_\_\_\_\_    Date on Check: \_\_\_/\_\_\_/2010

**Please note:** Need-based scholarships and discounts are available. Contact Parent Coordinator for information.  
 Supplemental Information:

# Olympia Area Rowing Junior Program

## Physical Examination Form

*(This 1 page form must be completed in its entirety or a substitute form provided by a physician may be provided in lieu of this form.)*

### Participant's Information (to be completed by parent):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address Street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physical Examination (to be completed by licensed practitioner/physician):** Rowing is a strenuous sport and places strong demands on the cardiovascular system, back, shoulders and knees. Please note any abnormalities that may limit the athlete's participation or make this athlete susceptible to injury.

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

1. HEENT
2. Lungs
3. Heart
4. Abdomen
5. Neuro
6. Skin
7. Spine/Back
8. Shoulders/Upper Extremity
9. Legs, Knees

ASSESSMENT: Participation:                      Full                      Limited                      May Not Participate

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Examiner's Signature: \_\_\_\_\_

Examiner's Phone: \_\_\_\_\_ Examiners Name (Print): \_\_\_\_\_

**OAR Jr Program Medical History and Permission Form – Page 1 of 2**

ROWER FULL NAME \_\_\_\_\_

Date of Application: \_\_\_\_\_ ... for Season (circle one): Fall, Winter, Spring, Summer

**Parent Information (Please fill out for one or two Parent/Guardians, for Emergency Contact if needed)**

Mother/Guardian	Father/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Preferred Phone # to Use In Emergency: _____	Preferred Phone # to Use In Emergency: _____
_____	_____

**Emergency Contacts:** Alternative person (s) to whom students may be released in case of emergency:

<p>1.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>	<p>2.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>
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**Authorization to Treat a Minor**

I (we) the undersigned parent (s), or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room of any acute general hospital holding a current license to operate and that I (we) agree to be responsible for the cost of such treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide the authority and power to render care which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

It is understood that Olympia Area Rowing is not liable for any accident or incident related to transportation by a public carrier.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Type or Print): \_\_\_\_\_

**Insurance Information**

(Name) _____ is covered for accident and medical insurance benefits:	
Insurance Carrier and #: _____	Preferred Hospital: _____
Phone: _____	Phone: _____
Primary Care Physician: _____	Prior/Current Medical Risks: _____
Phone: _____	

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

# OAR Jr Program Medical History and Permission Form – Page 2 of 2

Please circle “yes” or “no,” and provide additional details where requested.

1. Are you allergic to any medication (aspirin, sulfa, penicillin, etc)? No/Yes  
2. Do you have any other allergies (animals, insects, bees, foods, etc.)? No/Yes

If you answered yes to any of the above please describe allergic reaction and treatment:

3. May sunscreen be applied during the day? No/Yes  
4. Do you have any of the following conditions? No/Yes

(circle those that apply): ADD/ADHD/Blood Disorder/Diabetes/Hearing Problems/Headaches/Frequent Nosebleeds/Kidney or Bladder Problems/Mental Health Concerns/Eating Disorders/Vision Problems/Speech Problems

Please describe any of the condition (s) circled above:

5. Have you ever been told by a doctor that you have asthma or exercise-induced asthma? No/Yes  
Do you use an inhaler (Albuterol, etc.)? No/Yes  
List all asthma medications, and frequency of use:

6. Have you ever had epileptic seizures or been told by a doctor that you have epilepsy? No/Yes  
7. Do you have any medical conditions for which you are currently under treatment? No/Yes

8. Do you take any prescribed or over-the-counter medications on a regular basis (steroids, birth control pills, anti-inflammatory, antibiotics, dietary supplements, herbal, etc.)? No/Yes

9. Do you wear glasses or contacts during practice or competition? No/Yes

10. Have you ever had surgery for any reason: No/Yes  
List:

11. Have you ever had a shoulder injury that disabled you for a week or longer (dislocation, separation)? No/Yes  
Right or Left? Type of injury

12. Have you ever injured your back? No/Yes  
Type of Injury: Dates:

13. Do you have back pain (neck/upper back/lower back)? No/Yes  
Circle those that apply: seldom/occasionally/frequently with vigorous exercise or heavy lifting

14. Do you have buttock or leg pain associated with low back pain? No/Yes

15. Have you had an x-ray, CT scan, MRI of your lower back? No/Yes  
Results:

16. Have you ever been treated for low back pain? No/Yes  
Please describe treatment:

17. Have you ever been told by a doctor/athletic trainer that you injured the cartilage in your knees? No/Yes  
Right or Left: Dates:

18. Do you have any other conditions of which we should be aware? No/Yes

Date of Last Medical Exam: \_\_\_\_\_ By Dr. \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

The questions on this form have been answered completely and truthfully to the best of my knowledge.

(signature of athlete) \_\_\_\_\_

(type or print athlete name) \_\_\_\_\_ (date) \_\_\_\_\_

(signature of parent) \_\_\_\_\_

(type or print parent name) \_\_\_\_\_ (date) \_\_\_\_\_

**This Form Is Required Yearly**



## Olympia Area Rowing Junior Program

### Swim Test Form

Rowers must complete a swim test in order to participate in OAR water activities. If you have already taken one for OAR, it is **valid for 4 years**, and we have it on file. The swim test is **not** given at OAR except in special (summer) circumstances.

The swim test may be taken at any pool witnessed by a certified lifeguard. Some suggested pools are:

- The Evergreen State College (360) 867-6536
- The Valley Athletic Club (360) 352-3400
- YMCA-Briggs (360) 753-6576
- YMCA-Downtown (360) 357-6609

## LIFEGUARD STATEMENT:

I certify that (Rower Name:) \_\_\_\_\_ has successfully completed the swim test necessary to participate in the Olympia Area Rowing Sweep Program. This involves jumping into deep water (over your head), wearing workout clothes (shorts and a shirt, no shoes), and treading water without assistance for at least 10 minutes.

Lifeguard Signature: \_\_\_\_\_

Lifeguard Name (printed): \_\_\_\_\_

Facility: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Phone: \_\_\_\_\_

**This Form Is Required Every Four (4) Years**

**Olympia Area Rowing Junior Program**  
**Code of Conduct Form – Page 1 of 3**  
**High School Athlete, Coach and Parent Agreement**

## **CODE OF CONDUCT AGREEMENT**

The purpose of this Code of Conduct is to outline the responsibilities of Olympia Area Rowing (OAR) coaches and high school athletes. This agreement has been approved and will be upheld by the OAR Board of Directors should Corrective Action be necessary.

### **Responsibilities of OAR High School Coaches:**

- Schedule regular practices for all high school athletes.
- Ensure that all safety equipment is fully stocked and is accessible during all practices (land and water).
- Inform OAR maintenance personnel of equipment problems immediately.
- Ensure that OAR coaching/safety launches are maintained including general maintenance, upkeep and fuel.
- Keep daily practice records of athlete attendance.
- Keep complete crew roster and emergency contact information on hand at all times during practices and regattas.
- Register crew for all regattas, coordinate payment with OAR Treasurer.
- Coordinate regatta travel and boat transport.
- Collect all dues from high school athletes.
- Supervise all high school athletes when present in and around OAR club equipment in the OAR boatyard.
- Maintain professional and respectful boundaries at all times with all athletes.

### **Corrective Actions:**

Should any of the coaching behavior expectations be violated, the OAR Board President should be notified immediately. The OAR Board of Directors will be responsible for issuing any Disciplinary or Corrective Actions against OAR high school coaches.

### **Responsibilities of OAR High School Athletes:**

#### **Introduction:**

Participation in Olympia Area Rowing (OAR) High School Crew is completely voluntary. Involvement does, however, require a commitment on your part with respect to your academic standing, citizenship and obligations to the club and your teammates. Crew is truly a team sport and your decision to participate demonstrates a desire on your part to excel both individually and on behalf of your teammates.

OAR expects all high school athletes to behave as responsible young adults during all club events including practices and regattas.

As a member of OAR, while participating in any club event including all practices, regattas (local and away), and other social or fundraising events, all High School Athletes will be expected to abide by the following Behavior Guidelines. If an athlete chooses to violate these Behavior Guidelines, OAR coaches will take the also following Corrective Actions.

#### **Behavior Guidelines, 1 – 5:**

1. Be respectful of other athletes, coaches, OAR Board of Directors, other OAR members, Swantown Marina residents, chaperons, and all other adult volunteers.
2. Accept and carry out instruction of OAR coaches, Board Members, chaperons.
3. Attend and take part in all scheduled practices and activities unless excused by one of the coaches.
4. Inform OAR coaches, Board members, or adult volunteers of any problems or violations of this Code of Conduct.
5. During crew travel and overnight trips, all athletes will stay with their assigned group at all times unless prior, written approval is acquired from their parents and OAR coaches. All athletes traveling with the group should remain in their own bed at team curfew unless permission is received from an OAR coach or chaperon.

**This Form Is Required Yearly**

**Olympia Area Rowing Junior Program**  
**Code of Conduct Form – Page 2 of 3**  
**High School Athlete, Coach and Parent Agreement**

**Corrective Action for #'s 1 – 5:**

**Verbal and Written Warnings:** Should an athlete violate these Guidelines, they will receive a documented Verbal Warning. Should the behavior continue, the coach will issue a Written Warning that will outline the violating behavior and steps that should be taken by the athlete to correct it. A second Written Warning may be issued if the athlete continually disregards the first. Two Written Warnings in one session (practice or regatta) will result in automatic suspension.

**Behavior Guidelines, 6 – 9:**

6. The property and equipment of OAR is to be used by athletes only by the authorization of OAR coaches or representatives. Any damage caused to by willful and/or malicious acts or loss of property due to theft or other damage will be the financial responsibility of perpetrator. Additionally, if you willfully damage or steal others' property or equipment, you will be financially responsible for the damages.
7. Refrain from using or being under the influence of any alcohol or illegal drugs at OAR events or during crew travel and overnight trips. Possession and/or consumption of alcohol or illegal drugs may prevent the entire team from participating in the event. Additionally, failure to abide by travel rules may result in the athlete (s) involved being returned home at their parent/guardian expense.
8. Attend all regattas, unless prior approval is obtained from your coach with good reason.
9. Obtain prior approval to be in OAR Boatyard and storage facilities without an OAR coach or other adult.

**Corrective Actions for #'s 6 – 9:**

**Suspension:** Suspension will be an automatic removal from team activities for a minimum of 5 days. The length of suspension may be extended or have additional consequences added if deemed necessary by the OAR Coaches and/or Board of Directors. Prior to returning to practice, suspended athletes must write and sign a statement explaining their goals and efforts at improving behavior in the future. Athletes returning from a suspension will be on probationary status for at least 2 weeks.

**Behavior Guidelines, 10 – 13:**

10. Athletes may not have in their possession a weapon or anything that may be considered to be a weapon.
11. Refrain from any physical or verbal abuse of teammates, coaches, OAR Board members, adult volunteers, or any person of the public.
12. Refrain from selling, dealing or providing controlled drugs or alcohol.
13. Refrain from any action that seriously endangers the welfare of other participants, OAR equipment, or the reputation or longevity of Olympia Area Rowing Programs.

**Corrective Actions for #'s 10 – 13:**

**Expulsion:** This is immediate expulsion and complete and permanent removal from all OAR activities. The athlete will forfeit all dues/fees paid to date, and will pay outstanding fees.

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**Please retain this document for your records.**

**This Form Is Required Yearly**

**Olympia Area Rowing Junior Program**  
**Code of Conduct Form – Page 3 of 3**  
**High School Athlete, Coach and Parent Agreement**

**Sign and return this page with your registration packet**

**Coach's Agreement:**

I have read and understand the above responsibilities and behavior expectation and I agree to comply. I agree to act at all times in the interest of athlete safety. I will always err on the side of caution in questionable conditions. I agree to be clear with my expectations of all athletes and to maintain professional and respectful boundaries with athletes. I agree to uphold all Corrective Actions with fairness and clarity. I agree to notify the OAR Board of Directors if any personnel or severe behavioral issues arise with any athlete.

**Athlete's Agreement:**

I have read and understand the above responsibilities and behavior expectations and I agree to comply. I acknowledge and give permission for my personal belongings to be searched for contraband should the need be determined by OAR coaches.

I consent to the taking of slides, photos or videotape during practice or OAR regattas or other club activities for advertising, promotion, publicity or instructional purposes. I waive all claims for compensation for such use.

**Parent/Guardian's Agreement:**

I have read and understand the above responsibilities and expectations regarding my child's participation in OAR High School Crew programs.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Today's Date

**Corrective Action Documentation:**

1. Type of Corrective Action: \_\_\_\_\_

2. Date of Corrective Action: \_\_\_\_\_ Given by (name): \_\_\_\_\_

3. Justification of Corrective Action (refer to Behavior Guidelines): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Signature of athlete: \_\_\_\_\_

*My parent/guardians and I have been informed of and understand the reason(s) of the above Corrective Action.*

**This Form Is Required Yearly**

# USRowing Release of Liability



IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/07 – 12/31/08, I, for myself, 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 inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee 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 USRowing 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 USRowing, the Club, the Regatta, their administrators, directors, agents, officers, 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 Releasee 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, to the fullest extent permitted by law.

**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 all 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:**

\_\_\_\_\_

USRowing #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

**PARENTAL CONSENT (if participant is under the age of 18).** 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 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 Releasee, 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, to the fullest extent permitted by law.

**Printed Name of Parent/Guardian:**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (only if participant is under the age of 18):

\_\_\_\_\_

**This Form Is Required Yearly**

# Olympia Area Rowing Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any Olympia Area Rowing activity, including scheduled, supervised club activities, and registered regattas, until the end of this calendar year, I, for myself, my personal representatives, as signs, 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 inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee 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 Olympia Area Rowing 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 Olympia Area Rowing, the Regatta, their administrators, directors, agents, officers, 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 Releasee 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, to the fullest extent permitted by law. 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 all 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:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

## **Parental Consent (if participant is under the age of 18)**

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 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 Releasee, 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, to the fullest extent permitted by law.

**Printed Name of Parent/Guardian: Printed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Guardian Signature (only if participant is under the age of 18):**

\_\_\_\_\_

**This Form Is Required Yearly**