



**GRAND RAPIDS
JUNIOR ROWING**

2016 Calendar Year

LIABILITY WAIVER

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the Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases, from any litigation expenses, attorneys' fees, loss, liability, damage, or cost which any may incur as a result of such claim.

5. We, parent and child, have read this agreement; fully understand its terms, understand that we 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 be a complete and unconditional release of all liability to the greatest extent allowed bylaw 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:** _____

PARENTAL CONSENT: 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 agree to all the above on his/her behalf and hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases 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 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 Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorneys' fees, loss liability, damage; or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____
Address (if different than above): _____
Date: _____ **Phone:** _____

Parent/Guardian Signature: _____

PHOTO RELEASE AUTHORIZATION

I give permission to Grand Rapids Junior Rowing, a program of the Grand Rapids Rowing Association, to take and publish photographs, digital images and/or videotaped images of my child for news, advertising and/or promotional purposes in print and electronic media. I understand that I will not be compensated for any photograph or other images which may be used in this capacity.

Printed Name of Participant: _____

Parent/Guardian Signature: _____ **Date:** _____

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TRAVEL/MEDICAL PERMISSION FORM
Confidential (For coach/medical use only)

I give permission for (athlete's name) _____ to travel with Grand Rapids Junior Rowing to and from each scheduled event for the period beginning January 1, 2016 and ending December 31, 2016. I agree to update this form and submit it to a Grand Rapids Crew coach if any information previously submitted changes. In addition, if it becomes necessary, any coach or adult chaperone has permission to obtain emergency and/or other medical treatment necessary for my child throughout the same period outlined above.

Medical Information

Please list health problems or physical restrictions your child has (i.e., allergies, diabetes, migraine, asthma, etc.)

Please list medications your child takes regularly or must have with him/her at all times (i.e., inhalers, insulin, bee sting kit, etc.) (We will keep spare inhalers, bee sting kits etc. in our medical kit if you wish, provided it is properly identified with athletes' name. The athlete is responsible for use of any such items.)

Health Insurance Information

Name of Company: _____

Policy No.: _____ Group No.: _____

Subscriber Name: _____

Do you have a hospital preference (or best available) in the Grand Rapids area, should an emergency occur? _____

Parent/Guardian Signature _____ Date _____

Emergency Contact name: _____

Relationship to Rower: _____ Phone: _____