



**GRAND RAPIDS  
JUNIOR ROWING**

**2019 Calendar Year  
LIABILITY WAIVER**

IN CONSIDERATION of being given the opportunity to participate in Grand Rapids Junior Rowing, c/o the Grand Rapids Rowing Association (“Club”) rowing and related activities including but not limited to land training, launching and/or landing shells, handling equipment and rowing (“Activity”) until the end of this calendar year, 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 Releases 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 the team, its coaches, parent volunteers, parent leaders, the Club, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, any advertisers, and all owners of premises on which the Activity takes place, including but not limited to 8th Day Gym, Greenleaf Nursery Inc and any other property owner, whether or not named or identified (each considered one of the Releases 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 Releases or otherwise, including negligent rescue operations, and further including by way of example but not limitation all activities associated with the team whether in connection with practice, trips, regattas, independent workouts, advice, or otherwise; 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 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, 2019 and ending December 31, 2019. 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: \_\_\_\_\_