

EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER
SIGNED FORM MUST BE RETURNED BEFORE A ROWER CAN PARTICIPATE IN PRACTICES

PRINTED PARTICIPANT'S NAME _____ BIRTH DATE _____
STREET ADDRESS _____ CITY _____ ZIP _____

EMERGENCY INFORMATION

FATHER/GUARDIAN'S NAME _____ HOME PH _____ CELL _____
MOTHER/GUARDIAN'S NAME _____ HOME PH _____ CELL _____

IN AN EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

NAME _____ HOME PH _____ CELL _____
NAME _____ HOME PH _____ CELL _____

PHYSICIAN _____ PHONE: _____ ADDRESS: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY HOLDER'S NAME: _____ POLICY #: _____ GROUP #: _____

PREFERRED HOSPITAL: _____

ALLERGIES: _____

LIST ALL MEDICATIONS & SUPPLEMENTS CURRENTLY TAKING: _____

OTHER MEDICAL CONDITIONS: _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURIES WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death; and severe social and economic losses which might result not only from their own actions, inactions or negligence, but actions, inactions and negligence of others, the rules of play, or the condition of the premises or of any equipment used, and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue HHS Rowing Club Inc., its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs, or next of kin from any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the HHS Rowing Club Inc. will cause the participant to be removed from the program.

Participant's Signature (required) _____ Date _____

Parent/Guardian Signature (required if participant is under age 18) _____ Date _____

Notary Public

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____

State of Florida
County of _____ My commission expires _____

Notary Public (signature) _____