



## CONCORD CREW LIABILITY WAIVER

IN CONSIDERATION of being given the opportunity to participate in any Friends of Concord Crew ("FOCC") rowing programs, practices, races, regattas, work parties or other activities in connection with any of the foregoing ("Rowing Activities"), 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 Activities.

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 Rowing Activities, the circumstances in which the Rowing Activities take place, or the negligence of the Releasees 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 Activities.

3. Agree and warrant that I will examine and inspect each Rowing Activity in which I take part as a member of FOCC 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 Rowing Activity and will refuse to take part in the Rowing Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE USRowing, the Friends of Concord Crew, their administrators, directors, agents, officers, volunteers and employees, any sponsors, advertisers, the City of Concord, and any other owners and lessors of premises on which Rowing Activities take place, ("Releasees") from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the acts or omissions of the Releasees, INCLUDING ACTS OR OMISSIONS INVOLVING THEIR NEGLIGENCE OR THE NEGLIGENCE OF PERSONS FOR WHOM THEY ARE RESPONSIBLE; and I further agree that if, despite this release 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. 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 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.

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

## 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 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 in part by the acts or omissions of the Releasees, INCLUDING ACTS OR OMISSIONS INVOLVING THEIR NEGLIGENCE OR THE NEGLIGENCE OF PERSONS FOR WHOM THEY ARE RESPONSIBLE; 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 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 the result of any such claim.

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

## MEDIA CONSENT

I (parent/guardian) hereby give consent for my rower to be photographed or videotaped by Friends of Concord Crew. I understand that the images may be shown in publications (such as newspapers, brochures and websites) to promote Concord Crew. I understand that no names or other identifying information will be listed with any pictures used without expressed permission.

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

## MEDICAL RELEASE

I (parent/guardian of the athlete listed as the participant) authorize medical treatment in the event I cannot be reached and treatment is necessary due to injury sustained while participating in the crew program. I also authorize release of the medical information submitted to Concord Crew to medical professionals for the purpose of treatment. I hereby state, to the best of my knowledge, my answers to the medical questions are correct.

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

## EMERGENCY CONTACT & MEDICAL CONDITIONS

PARENT CONTACT NAME: \_\_\_\_\_

PARENT CONTACT TELEPHONE: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

ALTERNATE CONTACT TELEPHONE: \_\_\_\_\_

Please list any medical conditions we should be aware of:

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Please list any medications that prescribed to the athlete:

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