

Athlete Name: _____



East Bay Rowing Club Learn to Row Registration Packet

(PRINT CLEARLY)

Welcome to East Bay Rowing! To complete registration, this packet must be filled out in its entirety.

**** PLEASE COMPLETE INFORMATION ON ALL PAGES INCLUDING NAME AND DATE****

Checklist of EBRC Registration Forms:

- EBRC Assumption of Risk and Waiver of Liability
- EBRC Photo and Video Release
- Emergency Contact and Medical Information and Consent

EBRC Registration/Membership Contact information:

Rhonda Nelson
rln@severson.com
510-418-5952

Jolie Krakauer
jmzgj@comcast.net
(510)393-7769

Athlete Name: _____



Assumption of Risk, Release, Waiver of Liability and Indemnity Agreement

This agreement contains a release and waiver of important legal rights and constitutes an agreement to indemnify for certain losses. Please Read Carefully.

IN CONSIDERATION of being permitted to enter and utilize the boat bay and equipment of **East Bay Rowing Club (EBRC) and to participate in EBRC programs**, the Participant and his/her personal representatives, assigns, heirs and next of kin, acknowledges, agrees and represents that:

1. Participant expressly understands and agrees that participation in the activities and programs of **EBRC** can be dangerous and presents risks to the participant both serious and minor including but not limited to head or other injuries, heart attack, loss of sight, broken bones, brain damage, paralysis and death as a result of but not limited to the following; adverse weather, exposure to the elements, capsizing, collision with other vessels, strenuous training, actions of other participants and equipment failure. Such risks, as well as unexpected or unforeseen events or conditions, could lead to physical injury or death. Participant voluntarily participates in this program and utilized various **EBRC** Boat Bay and equipment with the knowledge of these risks involved, and agrees to accept any and all such risk of injury and death.

2. Participant attests that he/she is physically capable of participating and has no known health restrictions that might jeopardize his/her safety or health or the safety or health of others during their participation in the activity.

3. Participant hereby releases, waives and discharges **EBRC and it's coaches**, the Port of Oakland and the City of Oakland and the Jack London Aquatic Center and their respective directors, officers, employees, agents, members and affiliates, (together "the Releasees") from all liability to Participant, assigns, heirs, and next of kin, for any and all loss, injury or damage, and any claim or demands on account of injury or death and/or injury to personal property, whether caused by the intentional acts, misconduct, and/or negligence of the Releasees or otherwise, while Participant is in or about the boat bay of **EBRC**, using equipment of **EBRC** or participating in activities or programs of **EBRC** and/or caused by said use or participation.

4. Participant hereby assumes full responsibility for any risk of bodily injury, death or property damage due to the intentional acts, misconduct and/or negligence of Releasees or otherwise, while Participant is in or about the boat bay of **EBRC**, using the equipment of the **EBRC**, and participating in activities or programs of **EBRC** and or resulting from being in or about the boat bay, the use of such equipment or participation in such activities or programs.

5. Participant hereby agrees to indemnify the Releasees and to save and to hold the Releasees harmless, and each of them, from any and all liability, damage, or cost they may incur due to the presence of the Participant or his/her property on or about the boat bay of **EBRC**, due to Participant's use of **EBRC** boat bay or equipment, or due to Participant's participation in activities or programs of **EBRC**, whether caused by the intentional acts, misconduct and/or negligence of the Releasees or otherwise. Participant agrees to assume full responsibility for any loss, liability, damage, or cost which results from Participant's acts or omissions, including but not limited to, damage or loss of or to the boat bay or equipment of **EBRC**.

6. Participant expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. Participant has carefully read, and fully understands and voluntarily signs the release and waiver of liability and indemnity agreement and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. The Participant is aware that this is a contract, which he/she signs freely and voluntarily.

PRINT NAME: _____

(Date)

Signature of Participant

Athlete Name: _____



SWIMMING CERTIFICATION

The participant certifies that they are able to tread water for 5 minutes and can swim at least 100 yards.

Print Name _____ Signature _____

Date: _____

PHOTO and VIDEO RELEASE

The Participant assigns to **East Bay Rowing Club, Inc. ("EBRC")** the irrevocable and unrestricted right to use and publish photographs and/or video of the Participant, or in which Participant may be included, for editorial, trade, advertising and any other purpose and in any manner and medium, to alter the same without restriction, and to copyright the same.

Print Name: _____

(Date) _____ Signature of Participant _____

Athlete Name: _____



PERSONAL INFORMATION AND EMERGENCY CONTACT

Please *Print In Ink*

Last Name	First Name	Middle name
Address		
Home telephone	Cell Phone	Email
Emergency Contact	Cell Phone	Home Phone
Relationship	Work phone	Email Address
Athlete Health Problems		Allergies (Including medications)
Emergency Medical Authorization		
Physician's Name		Telephone
Dentist's Name		Telephone
Health Plan		Policy No.
<p>I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis. or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon, or dentist under the provisions of the Medicine Practice Act, or Dentist Practice Act., I understand that this authorization is being given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his or her best judgment may be deemed advisable..</p>		
Print Name		Signature
Date: _____		