

Contact Information – Youth Program



Athlete Name _____

M F

Program/Season (please circle) Learn to Row / Novice / Varsity Spring / Summer / Fall / Winter

Athlete Legal Name _____

As exactly shown on ID,
to be used for travel

Address _____

City _____ State _____ Zip _____ Cell _____

Email _____

Date of Birth _____ School _____ Year _____

Rower lives with _____

Parent Name _____

Relationship _____ Email _____

Cell _____ Home _____

Address _____

City _____ State _____ Zip _____

Parent Name _____

Relationship _____ Email _____

Cell _____ Home _____

Address _____

City _____ State _____ Zip _____

Please use the area below for any additional parents/guardians who should be contacted:

Additional Contact _____

Relationship _____ Email _____

Cell _____ Home _____

Additional Contact

Relationship _____ Email _____

Cell _____ Home _____

rev. Feb 2015



Health Information – Youth Program

Rower Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Height _____ Weight _____ M F

Medical History

Allergies _____

Physical Limitations _____

Medications _____

Date of last Physical Exam _____

Emergency Contacts

Name _____ Relationship _____

Cell _____ Home _____ Work _____

Name _____ Relationship _____

Cell _____ Home _____ Work _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medical Release

I authorize employees or agents of Lake Oswego Community Rowing to obtain services of a licensed medical professional to examine the above named individual and in the event of injury to render emergency care as he or she deems necessary for medical, surgical or dental examinations, treatments, surgeries, etc. I authorize Lake Oswego Community Rowing to send the above named individual to the hospital most accessible. I have read the foregoing and do consent to its terms.

Parent or Guardian Signature _____ Date _____

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Lake Oswego Community Rowing Participation Waiver

Printed Name of Participant _____

Parent Name if Participant is under 18 _____

Address _____

City _____ **State** _____ **Zip** _____

Cell _____ **Home** _____ **Work** _____

DOB _____ **Athletes must be at least 13 years of age to participate in LOCR rowing events.**

IN CONSIDERATION of being given the opportunity to participate in any Lake Oswego Community Rowing ("LOCR") or City of Lake Oswego activity, and IN CONSIDERATION of being given the opportunity to participate in any USRowing activity all including scheduled, supervised LOCR activities, and registered regattas I, for myself, my personal representatives, assign, 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 Releasee 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 USRowing and that, if I observe any condition which I consider to be unacceptable 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 LOCR, it's officer's, director's, members or employees, the City of Lake Oswego, Lake Oswego Parks & Recreation Department and all of their administrators, directors, agents, officers, volunteers and employees, USRowing, LOCR, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees 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 Releasee or otherwise, including negligent rescue operations; and 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 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, to the fullest extent permitted by law.

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 intent it to 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.

PARTICIPANT SIGNATURE _____ **Date** _____

PARENTAL CONSENT (if participant is under the age of 18). AND 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 part by the negligence of the Releasees or otherwise, including negligent rescue 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 Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation, expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

PARENT or GUARDIAN SIGNATURE _____ **Date** _____