

# ORU-PDX Junior Team Contact Information

(to be completed by Parent/Guardian)



Name of Athlete \_\_\_\_\_ Date \_\_\_\_\_  
Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## ADDITIONAL PARENT/GUARDIAN CONTACTS (if applicable):

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## PLEASE PLACE AN "X" ON ONE OF THE FOLLOWING:

\_\_\_\_\_ I, Parent/Guardian, give permission to include contact information (name of athlete, name/s of parent/guardian, mailing address/es, email address/es, phone numbers) in an ORU Junior Team Online Directory/Roster, to be shared with ORU Junior Team parents and athletes only.

\_\_\_\_\_ I, Parent/Guardian, do not give permission to share contact information in an ORU Online Junior Team Directory.

\_\_\_\_\_  
Parent/Guardian Completing Form (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian Completing Form

# ORU-PDX Youth Emergency Medical Release



Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies (include food allergies) \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Medications Athlete is Taking \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contacts (in addition to the parent/guardian named below)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

*In the event of an accident or injury to my child, or in the event of illness of my child while in on or about the premises of Oregon Rowing Unlimited-PDX (ORU-PDX), or while participating in any activity sponsored by or under the auspices of said organization under circumstances where I am unable to consent or am not present:*

*I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to my child that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I authorize any officer, employee or volunteer of ORU-PDX coaching, administrative or volunteer staff to consent to such medical care, attention or treatment. I understand that ORU-PDX and its officers, employees and volunteers assume no financial obligation or liability in the case of my child's accident, injury or illness. I agree to pay the cost of such medical care, attention or treatment and to indemnify and hold harmless ORU-PDX, its officers, members, staff, volunteers and coaches or any other members thereof from any and all liability for such treatment, care or attention.*

*ORU-PDX will attempt to contact me before my child is treated, but treatment will not be withheld if I cannot be reached.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

# ORU-PDX Liability Waiver



By signing below, I hereby verify that I have read and fully understand each of the following conditions for participation in any Oregon Rowing Unlimited-PDX recognized or sanctioned event, and I accept each of the conditions below, especially the waiver and release set forth below. I hereby:

1. ACKNOWLEDGE and represent that I understand the nature of Rowing Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity; and that I can swim any stroke or combination of strokes for an uninterrupted 10 minute period, and float or tread water for 10 minutes unassisted.
2. FULLY UNDERSTAND that (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, drowning and death; (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/guest of Oregon Rowing Unlimited-PDX 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 Oregon Rowing Unlimited-PDX, their administrators, directors, agents, officers, volunteers and employees, 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 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 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 intend 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.*

**I REPRESENT THAT I HAVE READ THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, AND THAT I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.**

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*Printed Name of Member/Guest*

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*Signature of Member/Guest*

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*Date*

Oregon Rowing Unlimited-PDX, P.O. Box 82906, Portland OR 97282