



Conshohocken Rowing Center

Waiver of Liability

Date: _____

Rowing Activity/Event: _____

Rower Name: _____ Date of Birth: _____ Gender: M / F

Rower Address: _____

Rower E-Mail: _____ Phone Number: _____

Affiliation (leave blank if unaffiliated): _____

Health Information:

Do you have any physical disorder or health condition (such as asthma, diabetes, heart problem, seizures, back, joint or muscle problems) or any condition that may affect your ability to row safely, or other conditions that your coach should know about? YES / NO

If YES, please explain: _____

I understand that my participation involves rowing in an open craft in a physically demanding activity where there may be unusual risks to my health and safety. In addition, I understand that certain on-shore activities, such as carrying boats, may pose unusual risks to my health and safety. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I represent that I am in adequate physical condition to participate in these activities and that I will notify my coach if I have or if I develop any physical problem or health condition that may affect my ability to participate in these activities without posing a danger to my health or safety, or the health or safety of others. In consideration of your acceptance of this application, I hereby agree for myself, my executors, administrators and assigns to hold harmless Conshohocken Rowing Center, and its directors, officers, employees, representatives, successors, agents and assigns from all liability on account of injury, loss, claim or damage to my health, well being or property during my participation in this program. I agree with the terms of this waiver of liability.

Rower Signature: _____ Date: _____

If Under 18:

Parent/Guardian: _____ Address: _____

Parent/Guardian Phone: _____ E-mail: _____

Parent/Guardian Signature: _____ Date: _____