

Steel City Rowing Club Class Waiver

101 Arch Street, Verona, PA 15147 – 412 828-5565 phone – 412-517-8789 fax

www.steelcityrowing.org



Instructions

- 1.) Persons age 18 and over, complete PART A only.
- 2.) Persons under age 18 must sign PART A and have a parent or guardian sign PART B.

PART A – CONSENT AND RELEASE FROM LIABILITY

Activity, as used herein, shall include any organized, supervised, or authorized activities, on or off the water, in which a member or guest of Steel City Rowing Club (SCRC) or a subsidiary or an affiliate group may engage.

By participating in the activities defined below, I agree to abide by in spirit and in practice the following conditions for participating from the onset to the conclusion of my active participation.

- 1.) I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me. I am a competent swimmer.
- 2.) I understand and appreciate that participating in this class, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling the risk is a responsibility that as a participant I must share. Consequently, unless I have expressed a particular safety concern to an appropriate, responsible person associated with this activity, by my continued participation, I voluntarily assume the risk of injury resulting from my participation.
- 3.) I hereby release and by this writing do for my heirs, executors, administrators, successors, and assigns release, discharge, and forever waive any cause of actions, suits, claims, and demands whatsoever, in law or in equity, which I may have or which my heirs, executors, administrators, successors, or assigns may hereafter have against the said SCRC. USRowing, their officers, directors, or advisors, any affiliate group, or any individual or entity holding legal title to any property or premises upon which organized rowing activities are conducted, or any USRowing sanctioned event, excepting any causes of action or claims resulting from gross negligence.
- 4.) I give consent for the SCRC to provide medical/athletic training attentions, transportation, housing, meals, and emergency medical services as warranted. If I choose to obtain these attention and services from other than that provided, I accept full responsibility for such actions and their consequences.
- 5.) I agree to abide by the general rules of conduct prescribed for participation in this activity and for guests of the facility associated with this activity as outlined in the SCRC Membership Handbook.
- 6.) I agree to assume financial responsibility for any health or other personal loss incurred while participating in rowing activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these activities.
- 7.) I agree to view a video on rowing safety when it is made available to me.
- 8.) I agree that photos and video of me or my child can be used by SCRC in promotional materials.

NAME _____ SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

EMAIL _____

CLASS PARTICIPATED IN _____

PART B PARENT/GUARDIAN CONSENT (if participant is under age 18)

I have been given the opportunity to explain to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this activity under the above-stipulated conditions.

NAME _____ SIGNATURE _____ DATE _____