

TULSA ROWING CLUB

PERMISSION AND AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)

Tulsa Rowing Club has my permission and authorization for emergency care for:
_____ (minor legal name).

In the event of a medical emergency (in the judgment of the Tulsa Rowing Club) to the minor identified above while participating in Tulsa Rowing Club activities/practices to include the Tulsa Rowing Club Regatta travel time to and from racing venues. I/We hereby authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental or surgical treatment. I/We understand the I/We will assume full financial responsibility for care rendered.

Signature _____ Date: _____
(Parent/Legal Guardian or person responsible for students care)

Signature _____ Date _____
(Parent/Legal Guardian or person responsible for students care)

Emergency Phone Number of Parent/Guardian 1 - () - _____
Name: _____

Medical Coverage
(Check what applies)

___ none ___ private insurance

Insurance carrier: _____ Policy # : _____

Please enclose a copy of your current medical card:

Thank You

Neatly printed name of participant: _____
last, first,
(nickname)

UNITED STATES ROWING ASSOCIATION RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") In consideration of being permitted to participate in any way in the Tulsa Rowing Club's activities sponsored by the Tulsa Rowing Club ("CLUB") and/or the United States Rowing Association ("USRA"), I, for myself, my personal representatives, assigns, 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 an activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the 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 conditions under which the activity takes place, or the negligence of the "RELEASEES" 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. Hereby release and discharge the USRA, the Club, its administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and the City of Tulsa (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 Releasees or otherwise, including negligent rescue operations, and I covenant not to sue any of them; 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, make 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 the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, 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.

Participant's signature (only if age 18 or over) _____ Date _____ Date of Birth _____
Address: _____ Home Phone: _____
(Street) (City) (State) (ZIP)

Club/School Affiliation: _____ Daytime Phone: _____
Email _____

IF AGE 17 OR UNDER, PARENT/GUARDIAN SIGNATURE REQUIRED:

And I, the minor participant'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 in 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 releasees named above, 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.

Parent/Guardian signature (if participant under age 18) _____ Printed name of participant _____ Date _____
Address: _____ Phone: _____
(Street) (City) (State) (ZIP)

TULSA ROWING CLUB

New Member and Renewal Member Application

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Date Of Birth _____ Age _____

Medical Conditions Coaching Staff Should Know:

Parent's Name(s) _____

Parent's Address: _____

Parent's Email: _____

Parent's Contact Phone #'s: _____

Work Phone _____ Home Phone _____ Other Phone _____

School Name _____

Year in School _____

Rowing involves the potential for personal risk due to uncontrollable circumstances. Please verify the following:

I, _____ (name of adult verifying), certify that _____ (student's name) is: capable of treading water for 5 minutes without stopping or holding onto stationary objects and without the use of a personal flotation device (life-jacket or otherwise); and capable of swimming for 5 minutes (any style) competently and comfortably without stopping or using a personal flotation device.

Parent's Signature _____ Date _____

Contact Sheet For:

List names and phone numbers in order you want calls to be made in the event your child is in an accident. If you have a hospital preference, list it on this sheet and it will be passed along. This information will stay at the boathouse for easy access. Please keep all information up to date.

Name / Relationship

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hospital Preference: _____



As a currently accredited lifeguard, I certify that I have observed:

Applicant's Name (please print)

Successfully completed a swim test consisting of staying afloat for 5 minutes without aid and swimming 2 lengths of the pool.

Lifeguard Name

Date : _____

Lifeguard Signature

Position: _____

Please bring this completed swim test certificate to the Learn-to-Rowing session for which you registered. You will not be allowed to participate in any on-the-water activity of the Learn-to-Row program without this completed certificate.