



Participation Liability Release

This is a legally binding release made to the Forest Hills Eastern Rowing Club.
I (print name) _____

_____ fully recognize that there are dangers and risks to which I may be exposed by participating in the sport of rowing, an activity sponsored by the Forest Hills Eastern Rowing Club. I understand that the club cannot guarantee my personal safety while I am participating in this activity. There are dangers and risks associated with all physical activity including the risk of physical injury.

During this activity, you may be invited to participate in a variety of physical activities. All Physical activity involves a range of inherent risks. Consequently, you should make sure you have adequate health to participate in these activities. It is your responsibility to check with a physician of your choice about your health status if there is any question regarding your fitness for participation. If at any time during participation, you experience any physical distress, or have any questions regarding your participation, see your instructor immediately. Your Participation in this activity is voluntary.

Some types of equipment used in physical activity have unique characteristics and if improperly used, can be dangerous and result in injury. Before you use any equipment, make sure you know how it works and it is in safe working order. Safety equipment may be required for some team activities. Failure and to use equipment as intended will increase your risk of injury to yourself and, possibly, to others.

People participating in events offered by the Forest Hills Eastern Rowing Club assume the following responsibilities:

- Will comply fully with all rules, directions, and guidelines concerning physical activities and the safe use of equipment.
- Will Notify the instructor or coach immediately if any unsafe or hazardous situations or practices come to his/her attention.
- Will limit his/her participation to planned class/event activities as directed by the instructor or coach.
- Will stop participating if the participant feels he/she cannot continue safely.

I have read the above statements describing risks and responsibilities. I understand the potential risks associated with participation in physical activity. I understand I should consult with a physician to determine my suitability for participation if there is any question about its appropriateness. I understand I should consult with the instructor or coach if I have any uncertainty or concerns regarding my participation as well as questions/doubts about safety during activities. My questions about this agreement have been answered to my satisfaction.

While I participate in this activity, I agree to follow the behavior guidelines outlined in the student code of conduct and if I do not comply with those conditions, or any of the responsibilities outlined above, I understand this may result in dismissal from the activity.

Participant's Name (Printed) _____

Participant's Signature _____

Parent Name (Printed) _____

Parent/Guardian Signature _____

Relationship to Participant _____