

ZLAC ROWING CLUB – ADULT ROWING WAIVER*PERSONAL INFORMATION*

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Date of Birth: _____

Street Address: _____

City, State: _____ Zip Code: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Hospital Insurance Plan: _____ Plan #: _____

Known Medical Problems: _____

Allergies: _____

Medications: _____

Date of Last Tetanus Booster: _____

List any factors that would be pertinent in emergency treatment: _____

WATER SAFETY VERIFICATION

To participate in rowing and related activities, participant must be “watersafe”.

I certify that I am watersafe and can swim 200 yards and tread water for ten minutes in cold (55 degrees), open water conditions. If asked to perform such a test, I will consent to do so.

I have carefully read this Verification and fully understand its contents. I am aware that the Verification includes a confirmation of my being “watersafe”, and I sign it of my own free will.

Participant's Signature: _____ Date: _____

THESE AGREEMENTS SHALL REMAIN IN FORCE UNTIL ZLAC ROWING CLUB RECEIVES WRITTEN NOTICE OF THE CANCELLATION OF THE CONSENT OR UNTIL THE END OF THE ACTIVITIES DESCRIBED.

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AUTHORIZATION TO CONSENT TO TREATMENT

The following authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

The Undersigned does hereby consent to any emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. For any facial surgery, a Board Certified Plastic Surgeon will be offered.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

For life-threatening emergencies, 911 will be called. For all other injuries, the participant will be taken to a tertiary care hospital emergency room after attempts have been made to reach the emergency contact.

I have carefully read this agreement and fully understand its contents. I am aware that this agreement includes an Authorization to Consent to treatment, and I sign it of my own free will.

Participant's Signature: _____ **Date:** _____

PARTICIPATION CONSENT – WAIVER OF LIABILITY – ASSUMPTION OF RISK – INDEMNITY AGREEMENT

Print Name (herein referred to as "participant"): _____

The undersigned requests that the above named participant be allowed to participate at the ZLAC Rowing Club (herein referred to as "ZLAC") in the Rowing Program (herein referred to as "the activities"), including travel time, if relevant.

In return for the participant being permitted to take part in the activities and to use the facilities and property of the ZLAC Rowing Club, each of us makes the following promises and warrants the truth of the following facts:

1. **Participation Consent:** I am familiar with the programs and activities offered, and understand officers and employees of ZLAC are available to discuss the activities if I should wish additional information. I am solely responsible for my arrival and departure at the beginning and the end of the day's program. I recognize that all participants are expected to cooperate with and follow the directions of the persons in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others. Please initial to indicate you have read this paragraph: _____
2. I am in good health and I know of no reason why I would be incapable of participating in the activities. I know how to swim. I will immediately notify the designated ZLAC Crew Chairperson and Coach if a change in my health or other condition would affect my ability to participate in the activities. Please initial to indicate you have read this paragraph: _____
3. **Waiver of Liability:** I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the ZLAC Rowing Club or any of its participants, members, directors, officers, agents, employees, and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to me or damage to my property arising from my involvement in the activities and use of the facilities and property of ZLAC, whether or not the injury or damage results from the negligence of other action, except intentional acts, of any releasees. Please initial to indicate you have read this paragraph: _____
4. **Assumption of Risk:** I am aware that the activities may involve maneuvering a shell or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep water and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that I be allowed to participate in the activities. I accept any and all risks to myself of injury, death, and property damage arising from the involvement in the activities and the use of the facilities and property of ZLAC, whether or not caused by the negligence of other action, except intentional acts, of any releasees. Please initial to indicate you have read this paragraph: _____
5. **Indemnity Agreement:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorney's fees, I may incur due to my involvement in the activities and use of the property and facilities of ZLAC, whether or not such loss, liability, damage or cost results from the negligence of other action, except intentional acts, of any releasees. Please initial to indicate you have read this paragraph: _____

I have carefully read this agreement and fully understand its contents. I am aware that the agreement includes a Participation Consent, a Waiver of Liability, and Assumption of Risk, and an agreement by me to indemnify the releasees, and I sign it of my own free will.

Participant's Signature: _____ **Date:** _____

THESE AGREEMENTS SHALL REMAIN IN FORCE UNTIL ZLAC ROWING CLUB RECEIVES WRITTEN NOTICE OF THE CANCELLATION OF THE CONSENT OR UNTIL THE END OF THE ACTIVITIES DESCRIBED.