



## Masters Learn To Row Registration Form 2010

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Email is our primary means of communication. Please keep us informed of any changes in your email address by emailing [info@northcascadescrew.com](mailto:info@northcascadescrew.com).

Please fill out the attached forms and mail to:

North Cascades Crew  
PO Box 1506  
Lake Stevens, WA 98258

- \_\_\_\_\_ NCC Masters Registration Form
- \_\_\_\_\_ NCC Masters Emergency Contact Form
- \_\_\_\_\_ NCC Masters Waiver & Publicity Permit
- \_\_\_\_\_ US Rowing Release of Liability
- \_\_\_\_\_ NCC Float Test



**Masters Crew**  
**Emergency Information Form 2010**  
*(to be filled out annually by all Masters rowers)*

I recognize that any sports activity such as crew may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. I understand that North Cascades Crew, the City of Lake Stevens, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from my participation in the North Cascades Crew rowing program. In the case of an accident or illness in I am not able to give consent for medical care; I hereby give permission to receive emergency medical treatment.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**FIRST PERSON TO CONTACT IN AN EMERGENCY:**

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Cell: \_\_\_\_\_

**ALTERNATE PERSON TO CONTACT IN AN EMERGENCY (required):**

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Cell: \_\_\_\_\_

**PARTICIPANT HEALTH INFORMATION. UPDATE THROUGHOUT THE YEAR AS NEEDED**

PARTICIPANT'S AGE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL CONCERNS AND CONDITIONS, PREVIOUS INJURIES: \_\_\_\_\_

LIMITATIONS ON ACTIVITIES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PHYSICIAN: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ GROUP/POLICY NUMBER: \_\_\_\_\_



# Masters Crew NCC Waiver & Publicity Permit 2010

*(to be filled out annually by all Masters rowers)*

## PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge that this rowing program is voluntary and involves risk of personal injury or death. By signing this release I understand that I will forfeit any right to claim damages from North Cascades Crew (or 'NCC) or the City of Lake Stevens, or their officers and employees, for personal injuries or death or property damages related to participation in this rowing program.

## RELEASE AND INDEMNIFICATION AGREEMENT

I assume all responsibility for any and all risk of damage or injury that may occur to me or my property while rowing or sculling under the direction of North Cascades Crew, including boats and boat trailers owned by North Cascades Crew. In consideration of permission to participate in the programs of North Cascades Crew, I agree that NCC and the City of Lake Stevens, their officers and members, employees and staff, and all persons related directly and indirectly, shall not be liable for any damages arising from personal injuries or property damage in, on, or about NCC's/Lake Stevens, facilities; or as a part of its programs; or as a result of the NCC's equipment on or off the premises; or as a result of any kind of negligence of NCC or the City of Lake Stevens, their officers, members, employees, or of anyone else involved in the rowing program. I further agree to release and discharge and indemnify North Cascades Crew and City of Lake Stevens, their officers, members, employees, staff and all persons related directly and indirectly and anyone else acting on its behalf from any and all claims, demands, rights of causes or actions, present or future, whether known, anticipated, or unanticipated, or litigation (including costs and attorney fees), including but not limited to claims of negligence resulting from or arising out of, or incident to the use (or intended use) of its premises, facilities or equipment or participation in its programs or as a result of, or incident to, any instructions that I may have received under the direction of NCC. **I have read and understand the foregoing "Release and Indemnification" and sign with knowledge that I am giving up certain rights.**

## PUBLICITY PERMIT

I give my permission for my picture to appear in any publication for the purpose of telling of activities happening in North Cascades Crew. I understand that these publications might include city/school/crew information or promotional brochures, pictures, newspaper articles, website postings, and/or newsletters relating to any of the above activities.

I hereby give my permission  I hereby do not give my permission

## MEDICAL INSURANCE WAIVER

I have no insurance and accept full financial responsibility

I have insurance.

**I certify that my responses above are valid and accurate.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



QuickTime™ and a decompressor are needed to see this picture.

# Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/09 – 12/31/10, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. I 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 Activity.

2. I 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 condition in which the Activity takes place, or the negligence of the Release 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. I AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. I HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (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 Release or otherwise, including negligent rescue operations; 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, makes 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 a result of such claim, to the fullest extent permitted by law.

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

### Printed Name of Participant:

\_\_\_\_\_

USRowing # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

### PARENTAL CONSENT

(if participant is under the age of 18).

AND I, the minor’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 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 above Releasee, 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, to the fullest extent permitted by law.

### Printed Name of Parent/Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (only if participant is under the

age of 18): \_\_\_\_\_

This is THE USRowing Release of Liability, which should be copied for your use.



## Masters Crew Float Test Form

*(to be completed by all new Masters rowers)*

Please print rower's name: \_\_\_\_\_

This certifies that the applicant named above can satisfactorily:

\_\_\_\_\_ Tread water in workout clothes (T-shirt & shorts) for ten minutes

\_\_\_\_\_ Float for two minutes

\_\_\_\_\_ Put on a Personal Flotation Device while in the water

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Examiner's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Pool Location: \_\_\_\_\_

- This form is required of all North Cascades Crew rowers.
- You will not be allowed on the water unless it is on file.
- The examiner must be a certified lifeguard.
- In the past, the Lake Stevens High School pool has allowed rowers to take this swim test without charge.
- Please call them for times.

Lake Stevens High School Pool

2908 113th Ave NE

Lake Stevens, WA 98258

Building 700

Tel: 425.335.1526

Web: <http://viking.lkstevens.wednet.edu/pool/>

*This test is taken in shorts and t-shirt, so bring a change of clothes for afterwards!*