



2008 Head of the Cuyahoga

ROWING WAIVER AND AFFIRMATION OF SWIMMING ABILITY

IN CONSIDERATION of being given the opportunity to participate in the Cleveland Rowing Foundation/Western Reserve Rowing Association ("Club") 2008 Head of the Cuyahoga Rowing Regatta ("Activity"), 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 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 condition in which the Activity takes palace, or the negligence of the Releases names 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. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part 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 bee corrected to my satisfaction.
- 4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, vendors, 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 allege to be caused in whole or in part by the negligence of the Releasees 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's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I also affirm that I have the ability to swim 100 yards and thereafter to tread water for 4 minutes.

I have read this agreement, fully understand its terms, understand that 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 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:	
Address:	TO I
Signature (only if age 18 or over)	
PARENTAL CONSENT	
AND I, the minor's parent and/or legal guardian, understand the nature of believe the minor to be qualified to participate in such activity. I hereby re INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Release minor's account caused or alleged to be caused in whole or part by the ope or anyone on the minor's behalf makes a claim against any of the above Relative to the property of the Polescope from any ligitation are property of the polescope from any ligitation are property.	clease, discharge, covenant not to sue, and AGREE TO ees from all liability, claims, demands, losses, or damages on the crations, and further agree that if, despite this release, I, the minor eleasees, I WILL INDEMNIFY, SAVE, AND HOLD
HARMLESS each of the Releasees from any litigation expenses, attorney any such claim.	rees, loss hability, damage, or cost any may incur as the result of
Printed Name of Parent/Guardian:	Date:
Address:	
	Phone:
Parent/Guardian Signature (only if participant is under the age of 1	8):