



This is the USRowing WAIVER, which is being incorporated as part of Greenwich Water Club's participation requirements.

IN CONSIDERATION of being given the opportunity to participate in any Greenwich Water Club ("Club") activities, including scheduled, supervised club activities ("Activity"), and registered regattas, until the end of this calendar year, 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 place, or the negligence of the Releasee 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. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Greenwich Water Club 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. 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 Releasee 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:

Address: _____

City _____ State _____ Zip _____

Phone: _____ Date: _____

Participant's Signature: _____

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): _____

Swimming Statement

I certify that my child is a competent swimmer and is able to perform in a water rescue situation.

Parent/Guardian Signature: _____

Date: _____

Greenwich Water Club Inc.
Greenwich Crew
Medical Emergency Authorization

PARTICIPANT: _____
(Please Print) Last First Middle

ADDRESS: _____
Street City State Zip Code

During my child's participation in the GWC Greenwich Crew Junior Program, I / we authorize the coaches and trainers of the GWC to make decisions to proceed with any critical medical surgical treatments required for his/her health and welfare, provided an attempt to notify me/us has been made.

SIGNATURE #1: _____
Parent/Guardian Date

Parent/Guardian #1 Info: _____
Home # Work # Cell #

SIGNATURE #2: _____
Parent/Guardian Date

Parent/Guardian #2 Info: _____
Home # Work # Cell #

The coaches and trainers have my/our permission to give my son/daughter over-the-counter medications stocked in the medical training kits: Y N Initial _____

Medications currently being taken (include generic names, special instructions, etc.)

Are there any medical conditions that we should be aware of (allergies, heart conditions, etc.)

IN CASE OF EMERGENCY, PLEASE CONTACT (IF PARENT/GUARDIAN IS NOT AVAILABLE)

Name: _____
(Please Print) Last First Home # Work # Cell #

Name: _____
(Please Print) Last First Home # Work # Cell #

Physician: _____
(Please Print) Last First Telephone

Address: _____
Street City State Zip Code

Dentist: _____
(Please Print) Last First Telephone

Address: _____
Street City State Zip Code

Insurance _____ Policy Number _____

IN THE EVENT I / WE CANNOT BE REACHED, I GIVE GREENWICH WATER CLUB PERMISSION TO SEEK MEDICAL ATTENTION FOR MY CHILD.

Parent/Guardian Signature: _____ Date: _____

PHYSICAL EXAM FORM FOR SPORTS PARTICIPATION-
Health History (To be completed by Parent/Guardian)

Student's Name _____ Address _____

Grade _____ School _____ Sports Being Played (1) _____ (2) _____ (3) _____

All questions must be answered. All "Yes" answers must be explained in the space provided below. Use additional sheet if necessary

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Allergy - Epipen: Yes or No (circle)	<input type="checkbox"/>	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/> Head Injury, Concussion, Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/> Frequent Headaches, Dizziness, Fainting	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis
<input type="checkbox"/>	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/> Asthma Inhaler, Yes or No (circle)
<input type="checkbox"/>	<input type="checkbox"/> Eye Injury, Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/> Recent Viral Illness
<input type="checkbox"/>	<input type="checkbox"/> Eyeglasses, Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/> Heat Stroke, Heat Exhaustion
<input type="checkbox"/>	<input type="checkbox"/> Frequent Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/> Orthopedic Injury, i.e., Knee, Ankle, Shoulders
<input type="checkbox"/>	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/> Broken Bones
<input type="checkbox"/>	<input type="checkbox"/> Dental Bridge, Plate, Braces	<input type="checkbox"/>	<input type="checkbox"/> Neck, Spine, or Low Back Injury
<input type="checkbox"/>	<input type="checkbox"/> Heart Problem, Murmur, Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/> Scoliosis
<input type="checkbox"/>	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/> Hospitalizations
<input type="checkbox"/>	<input type="checkbox"/> Chest Pain, Fainting During Exercise	<input type="checkbox"/>	<input type="checkbox"/> Surgery
<input type="checkbox"/>	<input type="checkbox"/> Cough, Wheeze, Shortness of Breath with Exercise or Cold Weather	<input type="checkbox"/>	<input type="checkbox"/> Death of Family Member Younger Than 40 Years of Age Due to Illness
<input type="checkbox"/>	<input type="checkbox"/> Heart Attack or Stroke of Family Member Younger Than 50 Years of Age	<input type="checkbox"/>	<input type="checkbox"/> Skin Disorder
<input type="checkbox"/>	<input type="checkbox"/> Gastrointestinal Problems	<input type="checkbox"/>	<input type="checkbox"/> Medications at Present
<input type="checkbox"/>	<input type="checkbox"/> Kidney, Urinary Tract Problems	<input type="checkbox"/>	<input type="checkbox"/> Missing Organs
<input type="checkbox"/>	<input type="checkbox"/> Chronic or Recurrent Illness	<input type="checkbox"/>	<input type="checkbox"/> Menstrual Disturbance
<input type="checkbox"/>	<input type="checkbox"/> Blood Clotting Disorder	<input type="checkbox"/>	<input type="checkbox"/> Other Information

I give permission for release of appropriate information from this sports form to the coach and his/her staff for maintenance of a healthy and safe environment while participating in the sports program. (I will update as appropriate during the school year). In addition, I am aware of the risk inherent in athletics and hereby give permission for my child to tryout.

Signature of Parent or Guardian _____

Date _____

PLEASE HAVE PHYSICIAN COMPLETE REVERSE SIDE.
9/00 - revised 5/15/01

Student's Name _____ D.O.B. _____ ☐ Male ☐ Female

PHYSICIAN'S EXAM

Height _____ Weight _____ Blood Pressure _____ Spinal Curvature _____

Last Tetanus toxoid booster was on _____

Physical Evaluation

_____ I find this student physically qualified to participate in ALL supervised sports.

_____ This student should have the following problems evaluated prior to participation in ANY competitive athletics:

_____ This student has health problems, which would prohibit him/her from participating in specific competitive athletics.

RESTRICTIONS CIRCLED BELOW:

Badminton	Fencing	Ice Hockey	Soccer	Volleyball
Baseball	Field Hockey	Indoor Track	Softball	Water Polo
Basketball	Football	Lacrosse	Swimming	Wrestling
Cheer Lading	Golf	Rugby	Tennis	Other _____
Cross Country	Gymnastics	Skiing	Track	_____

In addition to reviewing the health history and immunization records, this certifies that I have performed a complete Physical Exam including evaluation of the musculo-skeletal system.

IN ORDER FOR THIS EXAM TO BE ACCEPTABLE FOR A SPORTS SEASON IT MUST HAVE BEEN PERFORMED WITHIN TWELVE MONTHS PRIOR TO THE STARTING DATE OF TRYOUTS FOR THE SPORT.

Signature of Physician _____ Date of Exam _____ Telephone _____ Physician (Stamp) _____

Please return to the Public Health Nurse in your child's school by the first date of tryouts for that sport.

Form reviewed by : _____
PHN (Initials)