



UNIVERSAL ADULT INFORMATION & PERMISSION SLIP

(Version January 2011)

PERSONAL INFORMATION

Participant Name: _____

Street Address/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

Email Address: _____

In the future, I would prefer materials in Spanish

Your Race/Ethnicity (used for statistical purposes)

- Black
- Central, East, Southeast Asian
- Hispanic/Latin
- Middle-eastern, Persian, Arab and other Semitic (incl. North African Arab)
- Native American
- Pacific Islander (Native Hawaiian/Polynesian, Micronesian, Melanesian)
- South Asian
- Other Oceanic (Australian Aboriginal)
- White (Non-Hispanic)
- Other, please list: _____

Were you born in the United States (used for statistical purposes)? YES NO
If not, where were you born? _____

Was your mother born in the United States (used for statistical purposes)? YES NO
If not where was she born? _____

Was your father born in the United States (used for statistical purposes)? YES NO
If not where was he born? _____



MEDICAL HISTORY INFORMATION

Do you have any medical problems (i.e. diabetes, asthma, seizure disorder, etc.)? YES NO

If YES, list medical problem(s) _____

Do you take any medication? YES NO

If YES, list medication(s) with dosages and frequency of dosage: _____

Do you have any allergies? YES NO

If YES, list allergies: _____

(The purposed of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment)

Have you suffered any injuries in the last 18 months? YES NO

If YES, please describe the injury and your current condition: _____

Do you have any limitations on the types of activities in which you may be involved? YES NO

If YES, list limitation(s): _____

Will these medical problem(s), your use of medication, allergies, injuries, etc. affect you while you are rowing or swimming? YES NO If YES, please explain: _____

If YES, what precautions should be taken while you are participating in rowing or swimming? _____

Does your family have any history of heart problems at a young age (if yes, please describe)? _____

Is there anything else that you feel Row New York, Inc. should know about your health condition? Please explain: _____

Date of last physical exam: _____

Do you have insurance? YES NO

Do you have Medicaid/Medicare? YES NO

Name of Insurance Carrier: _____ Plan or Policy No. _____



PHOTO RELEASE AND LIABILITY WAIVER

Routine videography and photography taken during practices and at races are sent on to potential funders and the media to build support for Row New York, Inc. Incorporated ("Row New York, Inc. "). In signing this document, I give Row New York, Inc., permission to use photos of myself in materials that promote Row New York, Inc. This may include brochures, newspapers, the Internet, magazines, or television.

I shall save Row New York, Inc., Row New York, Inc., officers, directors, employees, and agents and the participating rowing facility harmless against any and all injury, loss, or damage and any and all claims for injury, loss, or damage or whatever nature (1) resulting from my participation in Row New York, Inc., or (2) in connection with my use of the rowing facility, equipment, or premises where these practices and competitions take place.

With my signature below, I hereby give my permission to Row New York, Inc., to give consent on my behalf in the event of the need for the emergency administration of medical treatment which Row New York, Inc., in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, Emergency Medical Technicians, First Responders, Paramedics and Emergency Room Physicians. In consideration of Row New York, Inc., permitting me to participate in Row New York, Inc., activities and programs, I hereby release, discharge and agree to indemnify and hold harmless Row New York, Inc., its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or caused of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities), which would be necessary for the proper care of myself. I agree to pay, and to assume responsibility, for all medical expenses incurred in my treatment.

Signature

Date

Release of Liability

Fax: 609-924-1578



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 12/31/10 – 12/31/11, 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 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.

PLEASE DO NOT CHANGE OR ALTER THE WORDING ON THIS WAIVER WITHOUT PRIOR APPROVAL FROM USROWING

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.