

Upper Natoma Rowing Club Junior Member Application

(Please print clearly)

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Home) _____ Athlete (Cell) _____

Athlete E-mail address _____

School _____ Graduation Year _____

USRA Membership No. _____ Expiration Date _____

Height _____ Weight _____ Years Rowed _____ Tee shirt size _____ Tank size _____

To become a Junior Member of UNRC, an applicant must:

1. be a member in good standing of the USRowing,
2. be eligible to participate in rowing events sponsored by the Southwest Junior Rowing Association,
3. pay membership dues to UNRC in the amount set by the UNRC Board of Directors,
4. obtain the written consent of his or her parents or legal guardians to join and participate in all UNRC activities,
5. complete and submit all forms, including the Certificate and Waiver of Liability,
6. agree to and abide by all written policies, waivers and procedures, of the UNRC.

Upon becoming a Junior Member of UNRC, he or she shall have the following privileges:

1. To use UNRC's facilities and equipment as such become available, under the supervision of coaches of UNRC,
2. To have the opportunity to participate in competitive rowing under the policies, procedures and rules promulgated by the UNRC, the Southwest Junior Rowing Association and the US Rowing Association.

I certify that: 1) I have basic swimming survival skills, 2) I am aware of the real and potential hazards involved with participation in competitive rowing 3) I will become aware and heed standard rowing safety practices and any local site and safety practices, 4) I will be solely responsible for myself and any guests that may accompany me, and 5) I will hold harmless the Upper Natoma Rowing Club and its agents, officers, and representatives, and any other participants and volunteers of the Upper Natoma Rowing Club, from any and all liability for injuries and/or damages.

Athlete Signature _____ Date _____

Parent or legal guardian signature _____ Date _____

Parent or legal guardian signature _____ Date _____

UPPER NATOMA ROWING CLUB
Health Statement and Waivers for Student Athletes and Their Parents/Guardians

Name of Athlete: _____ Circle: VW VM NW NM

HEALTH STATEMENT AND WAIVERS

IN CONSIDERATION of being accepted as a member of the Upper Natoma Rowing Club and being given the opportunity to participate in the activities it offers, my undersigned parents or legal guardians and I acknowledge, agree and represent that:

1. I am in good health, and in proper physical condition to participate in such activities.
2. I understand the nature of a junior rowing club includes conditioning and rowing activities that involve physical and mental risks, including the danger of my sustaining a serious bodily injury, a temporary or permanent disability, paralysis and even death that may be caused by my actions or inactions, and/or the actions or inactions of others.
3. I understand that there may be other risks and social and economic losses either not known to me or not reasonably foreseeable at this time, but I nonetheless fully accept and assume all such risks and all responsibility for any and all injuries, losses, costs, and damages I incur as a result of my participation in the rowing club offered by the Upper Natoma Rowing Club.
4. I agree that before I utilize any equipment made available by the Upper Natoma Rowing Club, I will examine and inspect such and bring any unsafe, hazardous or dangerous, condition to the attention of a coach or staff of the UNRC and fellow student athletes as soon as possible, and I will not use the defective equipment until the condition has been corrected to my satisfaction.
5. I release, discharge, and covenant not to sue the Upper Natoma Rowing Club, its officers, directors, members, employees, agents, volunteers, sponsors, advertisers, owners and lessors of premises, from any and 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 aforementioned entities and individuals.
6. I will indemnify, save and hold harmless the Upper Natoma Rowing Association, its officers, directors, members, employees, agents, volunteers, sponsors, advertisers, owners and lessors of premises 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.

PARENTAL CONSENT AND WAIVERS

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 the Upper Natoma Rowing Club and its coaches, staff, volunteers, officers and other persons affiliated with it ("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.

ATHLETES AND PARENTS/GUARDIANS AGREEMENTS AND SIGNATURES

I have read this agreement, fully understand its terms, and 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 agreement, and if any portion is held to be invalid, the balance shall continue in full force to the greatest extent allowed by law. The undersigned have read this document and by their signatures below, agree to such.

Athlete Signature _____ **Date** _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: Home () _____ Cell () _____

Email Address: _____

Parent or legal guardian signature _____ **Date** _____

(PLEASE PRINT NAME)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: Home () _____ Cell () _____

Email Address: _____

Parent or legal guardian signature _____ **Date** _____

(PLEASE PRINT NAME)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: Home () _____ Cell () _____

Email Address: _____

UPPER NATOMA ROWING CLUB

Authorization To Consent To Treatment Of Minor

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize staff, volunteers and other persons affiliated with the Upper Natoma Rowing Club, or attending medical personnel, as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 *et. seq.*; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 *et. seq.*

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care 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 aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910 and other applicable provisions of California law.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283 and other applicable provisions of California law.

These authorizations shall remain effective until revoked in writing delivered to said agent(s) referenced above, including staff, volunteer and other persons affiliated with the Upper Natoma Rowing Club.

Parent or legal guardian signature _____ Date _____

Parent or legal guardian signature _____ Date _____

UPPER NATOMA ROWING CLUB
Emergency Contact Information for Junior Members and Their Parents/Guardians

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

IN CASE OF MEDICAL EMERGENCY, CONTACT: (PLEASE PRINT CLEARLY)

FIRST:

Name: _____

Telephone (M-F 3:30 to 6:30) _____ or _____

Cell Phone _____

SECOND:

Name: _____

Telephone (M-F 3:30 to 6:30) _____ or _____

Cell Phone _____

DOCTOR

Doctor's name: _____

Doctor's Telephone: _____ or _____

DENTIST

Dentist's name: _____

Dentist's Telephone: _____ or _____

I authorize the staff at Upper Natoma Rowing Club to call 911, and/or take whatever steps they deem necessary if they believe immediate care is needed for my child.

Parent or legal guardian signature _____ Date _____

Parent or legal guardian signature _____ Date _____

UPPER NATOMA ROWING CLUB
Medical and Insurance Information for Parents/Guardians of Junior Members

Is your son/daughter under a doctor's care? Yes No If yes, please attach a certification from a health care provider stating that your son or daughter may participate in the activities of the UNRC.

Is your child taking any medications or behavioral drugs at this time? Yes No If yes, please attach a certification from a health care provider stating that your son or daughter may participate in the activities of the UNRC.

Is your child allergic to anything, including any medications? Yes No If yes, please explain_____

May we contact your doctor/health care provider for medical reports or clarification? Yes No

Doctor's Name: _____ Doctor's Telephone: _____

Other health care provider _____ Telephone: _____

Date of Last physical Examination: _____ Hospital: _____

Please list any other information of importance _____

MEDICAL INSURANCE INFORMATION

NAME OF INSURANCE COMPANY _____

INSURANCE COMPANY PHONE NUMBER _____

POLICY NUMBER _____

PATIENT RECORD NUMBER _____

INSURANCE BILLING ADDRESS _____

Parent or legal guardian signature _____ Date _____

Parent or legal guardian signature _____ Date _____

UPPER NATOMA ROWING CLUB
Code of Conduct for Student Athletes

As an athlete of the Upper Natoma Rowing Club, I agree to the following standards of conduct at and during all practices, races, and functions of the UNRC facility, and at any away event.

1. Your privilege of racing may be forfeited if you miss 5 practices during a season.
2. Respect and use all UNRC facilities, equipment and property properly.
3. Be courteous and respectful to all staff, teammates, opponents and others.
4. Do not use or consume alcohol or any illegal drugs or controlled substances.
5. Do not use profanity or make inappropriate gestures.
6. Respect the personal property of others and never take or borrow such without permission.
7. Do not bring any weapon or firearms to any UNRC event.
8. Do not engage in any physical altercations or horseplay with a teammate, opponent or others.
9. Obtain medical attention for anyone in need of such as quickly as possible.
10. Report any injury to a coach or staff of the UNRC as quickly as possible.
11. When traveling with the team, always be professional, courteous and polite.
12. Do not engage in any conduct that harms or damages the UNRC, a teammate, opponent or others.

I understand that my refusal or failure to comply with any of the above standards may result in me being suspended or expelled from the Upper Natoma Rowing Club.

Athlete's Name (Print)

Parent signature (I have read the Code of
Conduct with my child.)

Athlete's Signature

Date: _____

Date: _____



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 12/31/17 – 12/31/18, 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.

5. I agree to be familiar with, comply with, and be bound by the Rules and Regulations of USRowing, including but not limited to the USRowing Rules of Rowing (www.usrowing.org), the World Anti-Doping Code (www.usada.org), and the codes, rules, policies and procedures of the U.S. Center for SafeSport (the "SafeSport Rules," www.SafeSport.org), including with respect to the exclusive authority and jurisdiction of the U.S. Center for SafeSport to investigate and resolve reported sexual misconduct and the discretionary authority to investigate and resolve reports of other misconduct. I further agree that arbitration pursuant to the binding arbitration provisions of the SafeSport Rules shall be the exclusive method to resolve any dispute over any disciplinary action taken by USRowing as a result of a USCSS investigation (the "Arbitration Procedure").

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. I agree to be bound by the Arbitration Procedure with respect to any dispute over any disciplinary action taken by USRowing as a result of a USCSS investigation.

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.

Regatta Photo Release

IN CONSIDERATION of being given the opportunity to participate in a USRowing registered regatta (the "Regatta") taking place in this calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin:

HEREBY GRANT my specific permission to USRowing, the Regatta, the Regatta's host organization(s) (collectively referred to as the "Regatta Manager") and their directors, officers, employees, volunteers, regatta organizers, sponsors, advertisers, participants, agents, and assigns to make and/or obtain photographic images of me on the day(s) of the Regatta and to publish, copyright, distribute and/or display photographic images taken of me on the day(s) of the Regatta. I further waive the right to inspect and/or examine all photographs and/or written text to which the images may be applied before use. I also waive any and all rights and claims, including future rights and claims to such photographic images and any interest therein. I hereby release and discharge the Regatta Manager, its directors, officers, employees, volunteers, regatta organizers, sponsors, advertisers, participants, patrons, agents, licensees, affiliates and assigns from any and all liability by virtue of distortion, blurring, alteration, optical illusion, digital scanning and manipulation, and/or use in composite form, whether the same is intentional, or otherwise. I understand that the Regatta Manager, its directors, officers, employees, volunteers, regatta organizers, sponsors, advertisers, participants, agents, and assigns may use any process or procedure resulting in the completion of the finished product for publication, display, copyright or distribution.

HEREBY GRANT my specific permission to the Regatta Manager, its directors, officers, employees, volunteers, regatta organizers, sponsors, advertisers, participants, patrons, agents, licensees, affiliates and assigns a fully paid-up, non-exclusive, worldwide right and license to use, display or otherwise exploit my name, nickname, voice, photograph, statements, biographical information, and likeness, as well as images of me in motion picture, videotape, electronic, and similar formats ('My Image'), so long as My Image relates to my participation in the Regatta, whether in original or modified form. I waive any rights of privacy.

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: _____

Signature of Participant: _____ **Date:** _____

Printed Name of Parent/Guardian (if participant is under the age of 18):

Signature of Parent/Guardian: _____ **Date:** _____