

Fill out both pages and mail to Margery McCrum, 86 Orchard St., Brattleboro VT 05301

**Brattleboro Outing Club: RowBOC
2017 LEARN to ROW CLINIC APPLICATION**

Name _____ Age if under 21 : _____

Mail Address _____

E-Mail _____ Telephone # _____

Emergency Contact Names: _____ Telephone# _____

Participants must attend all sessions, pass the captain's test and view safety video to successfully complete clinic and be eligible to join the club and use club boats.

Saturdays 9:00 am- 10:30 am

- June 10**
- June 17**
- June 24**
- July 1**
- July 8**
- July 15**

Wednesday 5:30 pm - 7:00 pm

- June 14**
- June 21**
- June 28**
- July 5**
- July 12**
- July 19**

Please describe any previous rowing experience (Sweep, Scull, # of years, how long ago):

Read and sign waiver;

_____ I certify that I can swim to safety under prevailing conditions in which I choose to row.*

_____ I certify that I am physically fit to participate in a rowing program.

_____ I certify that I have read and signed the required release of liability waiver.

_____ I agree that all statements made on this application are true.

_____ I agree to read the RowBOC and PRC handbooks and abide by the club rules.

_____ Date _____

Signature

Parent signature (if applicant is under 18)

* Applicants must be able to swim. We reserve the right to require a swim test of any participant. Must sign page 2 waiver also. Mail in both pages with fee of \$150.00

FEE: \$150.00 payable to Brattleboro Outing Club (memo: Learn to Row clinic). Youth fee: \$75.00

Mail or deliver check, this form and signed waiver to:

Margery McCrum
86 Orchard St.
Brattleboro, VT 05301

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**Brattleboro Outing Club Waiver –for all programs
Acknowledgment, Assumption of Risk and Release**

In consideration of my participation in any and all programs and activities of the BRATTLEBORO OUTING CLUB (BOC), including but not limited to alpine skiing, cross-country skiing, ski jumping, tennis, rowing, canoeing, paddling, and other water sports:

I acknowledge and agree that the activities of the BOC are action sports carrying significant risk of serious personal injury, death, or property damage. I also know that there are natural, mechanical, and environmental conditions and risks which, independently or in combination with my activities, may cause property damage or severe or fatal physical or mental injuries to me or others. The risks and conditions include but are not limited to irregular or hazardous surface or water conditions, equipment failure, poor weather conditions, being struck by objects, or being struck by others.

I agree that I am alone responsible for my safety while participating in these programs and activities and in providing, using, and maintaining equipment necessary for my safe participation in these sports.

Being fully aware of these risks, conditions and hazards of participation in these programs and activities, I waive, release, and discharge any and all claims against the BOC and its officers, officials, agents, members, instructors, and employees, for liability or damages for death, personal injury, or property damage I may have or which may hereafter accrue to me as a result of my participation in any of these activities. This release is intended to include the entities and persons identified above as well as the sponsors of the BOC program or activity, any professional association affiliated with the program or activity, such as the United States Tennis Association, and any promoting agencies through or by which the program or activity will be held, and to protect them from liability for any and all damages which may be sustained by myself directly or indirectly in connection with or arising out of my participation in BOC programs or activities, or association with the BOC, or travel to or return from a BOC facility.

Should I observe any significant hazards during my presence or participation in these programs and activities, I will remove myself from the activity and notify the nearest official immediately.

I agree to hold harmless and indemnify the BOC and its officers, officials, agents, members, instructors, and employees, and its sponsors, professional association affiliates, and promoting agencies from any and all liability for death, personal injury, or property damage resulting in any way from my participation in these programs and activities.

I agree that I will accept and abide by the rules and regulations imposed by the BOC for participation in programs and/or activities provided or sponsored by the BOC.

This acknowledgment, assumption of risk and release shall be binding upon my heirs, executors, administrators, legal representatives, successors and assigns (collectively "successors"). I agree for myself and my successors, that the above representations are contractually binding and are not mere recitals, and that should I or my successors assert my claim in contravention to this agreement, I or my successors will be liable for the expenses (including legal fees) incurred by the other party or parties in defending themselves unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally.

Signature of Participant

Date

Signature of Participant

Date

Print Name

Address

Phone/email

FOR PARTICIPANTS OF MINORITY AGE (Under Age 18 at Time of Registration)

By signing this Acknowledgment, Assumption of Risk and Release as a Parent/Guardian I am consenting to my minor child's participation in BOC activities and acknowledge that I understand that any and all risk is expressly assumed by me and that all claims are expressly waived in advance.

Signature of Parent/Guardian

Date