



THE ROYAL ST. JOHN'S REGATTA COMMITTEE WAIVER RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

This document must be read in its entirety, signed and returned to the Royal St. John's Regatta Committee before participating in ANY Royal St. John's Regatta Committee activity.

In consideration of being allowed to participate in ANY activity organized and/or supervised by the Royal St. John's Regatta Committee (the "Committee"), including BUT NOT LIMITED TO rowing and/or coxing and/or coaching and/or training on ergometers, the undersigned acknowledges, understands, and agrees that:

1. The risk of injury (minor or catastrophic) and/or death from participation in any activity on Quidi Vidi Lake exists, and no preplanning, rules, or equipment can remove all such risk, and therefore by participating in such activities, I understand that I may be subject to such risk as a result of BUT NOT LIMITED TO equipment failure, negligence, inherent activity risks that cannot be controlled by the Committee; and
2. I knowingly, willingly and voluntarily assume all such risks of injury (minor or catastrophic) and/or death, both known and unknown, regardless of severity of injury, of risk of injury and/or death, even if arising from the negligence of the Committee, its employees, directors, members, officers, agents or otherwise; and
3. I understand that in assuming all risks that certain personal conditions (eg; heart conditions, epilepsy) may be aggravated by physical activity such as participation in a Committee activity, and that I should consult with a physician before participating; and
4. I hereby release the Committee, its employees, directors, members, officers, agents or otherwise, from any liability whatsoever with respect to disability, death, or any and all injury, loss or damage to person or property, whether caused by the negligence of the Committee, its employees, directors, members, officers, agents or otherwise; and
5. I hereby indemnify and hold harmless the Committee, its employees, directors, members, officers, agents or otherwise, of any and all causes of action, claims, demands, losses, or costs of any nature whatsoever, arising out of or in any way related to my participation in ANY Committee activity; and
6. I hereby waive all rights to file or prosecute any civil action against the Committee, its employees, directors, members, officers, agents or otherwise, for disability, death, or for any injury (minor or catastrophic), loss or damage to person or property in any way related to or resulting from my participation in ANY activity organized and/or supervised by the Committee; and
7. I expressly agree that this document shall be binding upon my heirs, executors, administrators and assigns.

I have read this agreement and fully understand the terms above, and I am freely and voluntarily agreeing to such terms by signing below, thereby executing this agreement at (City/Town) _____, on the (day) _____ of (month) _____, 2015

Surname (Please Print):	
Given Names:	
Date of Birth (Day/Month/Year):	

REGISTRATION FORM

Chevron Learn to Row Program

Family Name	Given Names
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Civic/Street Address	City/Town	Province	Postal Code
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Primary Telephone	Work Telephone	E-Mail Address
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MALE / FEMALE

Gender	Age
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Do you have allergies: YES / NO If YES, please elaborate? _____

Do you have an epipen? YES / NO If YES, where is it located? _____

Please note any pre-existing medical conditions (e.g. Cardiovascular, muscle, heart attack/stroke) or reoccurring injuries (back, legs, knees, shoulders, etc.): _____

Are you interested in joining a crew of six? YES / NO

Do you have any past rowing experience? YES / NO

In your own words, what would you like to achieve by the end of the Learn to Row Program? _____

What aspects of the Learn to Row Program are you interested in?
(Please tick the relevant boxes below)

- ☐ Information about the pond
- ☐ Information about the organization (regatta and committee)
- ☐ Boat orientation
- ☐ Ergometers (rowing machines)
- ☐ Dockside rowing and instruction
- ☐ Dock rules and procedures
- ☐ Technical rowing instruction (presentations and videos)
- ☐ Personal health and wellness

PLEASE FILL OUT THE FOLLOWING:

SIGNATURE:

NAME (PLEASE PRINT):

DATE (DAY/MONTH/ YEAR):