

Friends of BLS Crew Inc. Athlete Waiver

Date: _____

Rowing Activity/Event: _____

Rower Name: _____ **Date of Birth:** _____ **Gender: M / F** (circle)

Rower Address: _____

Rower E-Mail: _____ **Rower Phone Number:** _____

I understand that my child's participation involves rowing in an open craft in a physically demanding activity where there may be unusual risks to their health and safety. In addition, I understand that certain on-shore activities, such as carrying boats, may pose unusual risks to their health and safety. My decision to allow my child to participate in this program is made by me in full recognition of these risks and is entirely voluntary.

I represent that my child is in adequate physical condition to participate in these activities, have filled in and submitted health forms required by the program and that I will notify my child's coach if they have or develop any physical problem or health condition that may affect their ability to participate in these activities without posing a danger to their health or safety, or the health or safety of others.

In addition, I fully understand that Friend's of BLS Crew Inc., does not provide and is not responsible for my child's transportation to the BLS Boathouse or any other venue in which my child might practice, compete or engage in other activities related to the program. Specifically, I understand that Friend's of BLS Crew Inc. is not responsible for my child's transportation from the Boston Latin School to the BLS Boathouse or other locations for practices; nor is Friends of BLS Crew responsible for athletes after the time at which a practice or other activity is scheduled to end.

In consideration of your acceptance of this application, I hereby agree for myself, my executors, administrators and assigns to hold harmless Friends of BLS Crew, Inc., and its directors, officers, employees, representatives, successors, agents and assigns from all liability on account of injury, loss, claim or damage to my child's health, well being or property during their participation in this program. I agree with the terms of this waiver of liability.

Rower Signature: _____

Date: _____

If Under 18: Parent/Guardian: _____

Address: _____

Parent/Guardian Phone: _____

E-mail: _____

Parent/Guardian Signature: _____

Date: _____