

CRI Signup Information and Waiver

Date: _____

Rowing Activity / Event: _____

Rower Name: _____

Date of Birth: _____ Gender Identity (circle): M / F

Rower/Guardian's Phone: _____ Pronouns (circle all that apply): HE / SHE / THEY

Rower/Guardian's Mailing Address: _____

Rower/Guardian's Email Address: _____

Affiliation (leave blank if unaffiliated): _____

Health Information

Do you have any physical disability, health condition (such as asthma, diabetes, heart problem, seizures, back, joint or muscle problems), or other concern that may affect your ability to row safely that your coach should know about?

(circle) YES / NO

If YES, please explain: _____

I understand that my participation involves rowing in an open craft in a physically demanding activity where there may be unusual risks to my health and safety. In addition, I understand that certain on-shore activities, such as carrying boats, may pose unusual risks to my health and safety. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I represent that I am in adequate physical condition to participate in these activities and that I will notify my coach if I have or if I develop any physical problem or health condition that may affect my ability to participate in these activities without posing a danger to my health or safety, or the health or safety of others. In consideration of your acceptance of this application, I hereby agree for myself, me executors, administrators and assigns to hold harmless Community Rowing, Inc., and its directors, officers, employees, representatives, successors, agents and assigns from all liability on account of injury, loss, claim or damage to my health, well being or property during my participation in this program.

I agree with the terms of this waiver of liability.

PRINTED FULL NAME OF ROWER
IF UNDER 18: PRINTED FULL NAME OF PARENT / GUARDIAN

SIGNATURE

DATE

CRI Photo Release Form

I, _____, hereby agree and consent as follows.
FULL NAME OF PARTICIPANT

A. I consent and authorize Community Rowing, Inc., located at 20 Nonantum Rd, Brighton, MA 02135 to use my likeness in any photograph, video, or other digital media (“Photos”) taken or to be taken during my participation in its programs and events, in any and all of its publications, including print or web-based publications.

B. I irrevocably authorize Community Rowing, Inc. to copy, edit, enhance, crop, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

C. I understand and agree that all Photos are the property of Community Rowing, Inc., and will not be returned to me.

D. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.

E. I extend my consent and authorization to any organizations that partner with Community Rowing, Inc., so that any Photos including my likeness may be used by them in any of their publications.

F. I agree to release and forever discharge Community Rowing, Inc. and its affiliates, successors and assigns, officers, employees, representatives, partners, agents, and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone on behalf of me, may claim to have against Releasee in connection with this Release.

G. I (or my Parent/Guardian) have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.

PRINTED FULL NAME OF PARTICIPANT
IF UNDER 18: PRINTED FULL NAME OF PARENT / GUARDIAN

SIGNATURE

DATE