



2004 SUMMER PROGRAM ROWING MEMBERSHIP Waiver Form

Name: _____

Address: _____

City, state, zip code: _____

Telephone: (Home) _____ (Work) _____

Date of birth: _____ Gender: Male [] Female [] T-shirt* Size: XL L M S

High school students please include the name of your school: _____

PROGRAM FEE: Program fee is \$250 payable at your first session.

Class Times are Monday-Thursday, starting June 14th for ~~five weeks~~ ending July 15th from 6PM to around 8PM.

MEDICAL AND SWIMMING CERTIFICATE OF ABILITY:

Explain any medical or physical conditions you may have that may be important or relevant to your rowing experience and safety:

By my signature below, I hereby certify that I have sufficient ability to swim to shore in the event of an accident including (without limitation) the capsizing of any boat and its ineffectiveness as a flotation device, whether in a lake, river or otherwise.

AGREEMENT:

I hereby agree (on my own behalf or on behalf of my son or daughter as the case may be) by my signature below, and in consideration of Orlando Rowing Club, Inc. (hereinafter referred to as "ORC") allowing me (or my son or daughter) to utilize ORC equipment, participate in ORC functions including, without limitation, rowing practice and regattas or otherwise participate in the rowing experience in any way related to, under or through ORC, and other good and valuable consideration, receipt and adequacy of which is hereby acknowledged, to be bound by and faithfully obey (or agree that my son or daughter shall be so bound by and faithfully obey) the ORC Equipment Policies and Procedures and all other ORC policies and procedures and the ORC Bylaws, as they may exist now and as they may be adopted or changed in the future by the ORC Board of Directors in its sole discretion.

APPLICANT'S SIGNATURE (only if age 18 or over): _____
Individually or on behalf of my son or daughter

PLEASE PRINT SIGNATURE NAME: _____ DATE: _____

NAME OF SON OR DAUGHTER: _____

EMERGENCY CONTACT: _____
Name Telephone