



Fort Langley Community Rowing Club *NOVICE PROGRAM* April 1 2019-March 31 2020

Hand Deliver, scan, or mail to FLCRC Admin: Sandi Kliewer
 16896-81B Avenue, Surrey, BC V4N 5E5 flcrowing@gmail.com

Personal Information:

Name:	RCA Number:
Address:	
Contact Number:	Email Address:
Date of Birth:	Health Care Card Number:
Emergency Contact Name:	Emergency Contact Number:

Medical Information:

Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or have you ever lost consciousness?

Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by physical activity?

Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or a heart condition?

Do you know of any other reason why you should not do physical activity?

Allergies/Known Injuries:

Are you new to FLCRC? Please provide a brief description of rowing experience and previous club memberships.

Novice Program # 1	Novice Program #1 – MAY/JUNE	<i>Future Membership Cost</i>
Annual Membership Fee	\$200.00	\$(200)
Rowing Canada Membership	\$20	Already paid
Rowing BC Membership	\$15	Already paid
Total Amount Payable to FLCRC:	\$235.00	\$290 to join as full member
<i>Please e-transfer or send us a cheque!</i>		
Applicant Signature:		Date:
FLCRC Rower Since:		Amount Paid:



Release of Liability, Waiver of Claims, Assumption of Risk & Indemnity Agreement

April 1, 2019 to March 31, 2020

By signing this document you will waive certain legal rights including the right to sue. PLEASE READ CAREFULLY.

Awareness and Assumption of Risk

I, _____, am aware that the sport of rowing involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of FORT LANGLEY COMMUNITY ROWING CLUB, its directors, officers, officials & volunteers, other participants & owners of the facilities where the activities occur (referred to in the rest of this agreement as FORT LANGLEY COMMUNITY ROWING CLUB AND OTHERS). I freely accept and assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of FORT LANGLEY COMMUNITY ROWING CLUB accepting my application to participate in this activity I agree:

- To waive any and all claims that I may have in future against FORT LANGLEY COMMUNITY ROWING CLUB AND OTHERS
- To release the FORT LANGLEY COMMUNITY ROWING CLUB AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
- To hold harmless and indemnify FORT LANGLEY COMMUNITY ROWING CLUB AND OTHERS from any and all liability for any damage to property of or personal injury to, any third party, resulting from my participation in this activity.
- That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.
- I agree that my photograph may be used in any club publication or website.

Yes No I have read and agree to abide by all the Rules & Guidelines of the Fort Langley Community Rowing Club

Yes No I authorize FLCRC to put my name and contact information on the Club's private roster that may be distributed to other club members

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST FORT LANGLEY COMMUNITY ROWING CLUB AND OTHERS.

Signature of Applicant (or parent/guardian if under 18)

Print Name

Date

Signature of Witness

Print Name of Witness
