



## Fort Langley Community Rowing Club – Drop in Program for EXPERIENCED ROWERS

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Care Card Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### What is your previous rowing experience? When? How many years? Where?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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:

**Program Fee \$200**

Amount Paid: \$

The above fee includes Rowing Canada and Rowing BC registration and insurance.

**Maximum of TEN visits, within the scheduled programs of FLCRC, within this season. Not transferable or refundable.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL FORMS AND PAYMENT TO FLCRC Administrator: SANDI KLIEWER 16896-81B Avenue, Surrey, BC V4N 5E5**

Or you can e-transfer and scan your documents to: [flcrowing@gmail.com](mailto:flcrowing@gmail.com)

For club use only:

<b>Checklist</b>	<b>Yes</b>	<b>No</b>
Registered on Rowing Canada		
Waiver Signed		
Forms and Payment sent to FLCRC		
Approved by the coach/board		

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

April 1, 2016 to March 31, 2017

**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.

**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	