

Shaker Rowing Association - Medical Waiver

Rower Name: _____ D.O.B.: _____ Age _____

Address: _____

City, State, Zip: _____ Phone: _____

Please indicate if the rower has a history of asthma, diabetes, hypoglycemia, wears contact lenses, or has any other medical/special problems: _____

Please indicate if the rower has allergies to any medications, foods, insect bites, etc., as well as your usual treatment for same:

HEALTH INSURANCE INFORMATION: Medical Insurance Co.: _____

Name of Insured: _____ Policy #: _____

EMERGENCY INFORMATION: (List contacts and ALL phone #'s):

Name of contact (s): _____

Emergency phone number (s): _____

PARENT AGREEMENT & AUTHORIZATION: (if rower under 18 years)

My child, _____, has my permission to participate in the activities of the **Shaker Rowing Association**. I understand that the **SRA** does not carry health insurance and I am responsible for any/all health incurred costs. I also grant the coach/chaperone in attendance full authority to take whatever action they deem necessary regarding my child's health and safety, and I fully release the **SRA** from any liability in connection with those decisions.

In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the coach/chaperone in attendance to hospitalize and to secure treatment for my child. This health history is correct to the best of my knowledge and my child named above has permission to engage in all rowing events.

I hereby, for myself and for my family, my heirs, executors and administrators, waive and release any and all rights and claims against the **Shaker Rowing Association** or their respective agents, for any and all injuries which may be suffered by my child in connection with his/her participation in any of the activities, or the use of facilities and/or equipment utilized by the **Shaker Rowing Association/Shaker Crew**.

Parent/Guardian Name (Please Print) Rowing Program

Parent/Guardian Signature (if rower under 18 years)

Today's Date