

Registration Form for Lower Trent River Group Row

Name: _____

Street or P.O. Address _____

City _____ Province _____ Postal Code _____

Phone number: _____

E-mail address: _____

Emergency contact: Name: -----

Phone Number: -----

Club/Association affiliation: _____ RCA number: _____

Assumption of Risk, Liability Waiver, Insurance Disclaimer, and Covid Conduct Agreement

I recognise that the use of the facilities and services of Ontario Adventure Rowing (OAR), as well as rowing and related activities, involve potential risks. Risks include, but are not limited to, injury from collision with another vessel or stationary objects and from the malfunctioning of equipment and injury or drowning as a result of capsizing or being swamped by waves from passing vessels, adverse weather, or lock operations. I also understand that the physical exertion of rowing, including carrying boats in and out of the water, can result in injury or death.

I undertake, in my personal capacity and on behalf of those whom I represent or have custody of, and my heirs and assigns, to indemnify and save harmless Ontario Adventure Rowing, its officers and other representatives, and their successors, heirs and assigns, from and against all claims, damages, loss, costs and expenses relating to any injury including death, or loss of or damage to my or any third party's property arising out of or being incidental to my presence at the event

I acknowledge that I am participating in a non-sanctioned rowing event and I recognize, therefore, that I am not covered by Rowing Canada Aviron's liability and accident insurance policies.

I certify that I will obey all Covid public safety regulations and obey the OAR's COVID Protocol.

I am a member of OAR (either individually or through my club). I am a sculler with some experience, and I am fit enough to row 30 km in one day.

Signature

Printed Name

Date

Signature of parent or guardian

Printed Name

Date

(if participant is under 18)