



St. John's
Rowing Club

ST JOHN'S ROWING CLUB MEMBERSHIP FORM

One Day St. John's Rowing Club Membership

Name: _____ Gender: M F

Address: _____
Street City Postal Code

Phone number: _____ E-mail: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Emergency Contact: _____
Name Relation Phone #

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

I hereby agree to waive all rights to bring action or suit against the St. John's Rowing Club, Rowing Newfoundland and Rowing Canada Aviron and its officers, members and employees for any injury to my person, or loss of, or damage to my property or equipment due to any cause whatsoever, including negligence, breach of contract, or breach of statutory or other duty of care, arising in my participation in any of the club activities, including, but not limited to, rowing on Quidi Vidi Lake, storage of equipment in the club's facilities, and use of the Boathouse or other training facilities, unless such loss, injury or damage is a result of gross negligence or intentional injury. I acknowledge and freely accept all risks, dangers, and hazards associated with performing an open water sport, including the possibility of personal injury, death or property damage and certify that I am adequately capable of swimming in the case of an emergency. I agree to voluntarily assume all risks, dangers, and hazards that may be connected with the sport of rowing, including the possibility of personal injury, death, or property damage. I agree to not participate in any club activities while under the influence of alcohol or any illicit substance, and to maintain proper conduct in and around the boathouse, and during club activities. I understand that my failure to adhere to any and all such rules will result in the immediate termination of membership without the refund of any associated registration fees.

I have read and understood this agreement, and I am aware that by signing below I am accepting this agreement and waiving legal rights.

Signature of member: _____ Date: _____

Signature of parent or guardian: _____

(Signature of parent or guardian required for members under the age of 18).

For Club Use Only

Accepted By: _____ Date: _____

Fee paid: _____ Payment Method: _____