



Medical/Emergency Information and Waiver of Liability and Parental Consent Form

Name: _____ Date: _____

DOB: _____ Address: _____

City/State/Zip: _____

EMERGENCY CONTACT INFORMATION

Contact: _____ Relationship: _____ Phone# _____

Contact: _____ Relationship: _____ Phone# _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of Last Tetanus: _____

List any known allergies: _____

List medications: _____

List any pre-existing medical conditions or miscellaneous information we should be made aware of: (use back if needed)

Any additional considerations that you would like us to know that would help us with coaching your rower? (use back if needed)

I/We the registrant, parents or guardians of the above named person hereby give my/our approval to his/her participation in any and all of the activities of the Great Bay Rowing (GBR) I/We are aware that participation could cause cardiovascular harm or injury to the above named person up to heart attack or even death. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless GBR and persons transporting the above named person. I/We certify that all known physical defects pertaining to the above applicant have been enumerated.

Registrant/Parent/Guardian Signature Date

In case of accident or serious illness suffered by the above named person during his/her participation in GBR activities, I/We hereby request the GBR coaches to contact the above listed contact persons. In the event that they cannot be reached, I/We authorize GBR representatives to secure whatever reasonable and necessary medical treatment is required.

Registrant/Parent/Guardian Signature Date