



Central District Youth Rowing Championships Waiver Review of Universal Waiver

[Individual Athlete and Team Representative Waiver Page](#)

[Click here to review the Universal Waiver.](#)

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Should I represent a team or if am a coach I understand that I am responsible for ensuring that ALL of my fellow teammates or athletes have gone to www.rowingwaiver.com to complete their online waiver and that no athlete will be allowed to row without a completed waiver.

Participant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date: _____

Signature: _____

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Parent Information (if participant is under 18 years old):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Signature: _____