

ALL RRC information and announcements will be sent through our email list. YOU MUST REGISTER YOUR EMAIL ADDRESS ON THE RRC WEB SITE.
Please go to the Web site and follow the simple instructions for signing up. We cannot add e-mail addresses listed on this form to the list.



JUNIOR ROWING

(Juniors are 13–18-year-olds, boys and girls)

Space in each session is limited and is allocated based on date of payment. Pay early to reserve your spot.

All registrations MUST be accompanied by payment in full and a signed waiver form.

There are two Junior Sweep Programs this season: a three-week Junior Learn to Row (LTR), followed by a four-week extended Junior Rowing Program. The Junior LTR is for novice rowers as well as those students who have never rowed before. The extended Junior Rowing program is open to any rower who has taken LTR (either Junior or regular) or any other juniors with rowing experience.

Name _____

Address _____

City _____ State _____ Zip _____

Home Ph () _____ Parent's Work Ph () _____

E-mail address (rower) _____ Rower's Cell () _____

E-mail address (parent) _____ Parent's Cell () _____

PROGRAMS & FEE(S) (please check appropriate section)

_____ 1. JUNIOR LEARN TO ROW/NOVICE : MAY 25–JUNE 11 \$ 180*
 4 rows/week: Mon/Tues/Wed/Thu 4:15-6:15 p.m.
 FIRST MONDAY: 3:30-6:00 P.M.

_____ 2. EXTENDED JUNIOR ROWING PROGRAM : JUNE 15–19 + JUNE 29–JULY 17 \$ 200*
 4 rows/week: Mon/Tues/Thu/Fri 12:00-2:30 p.m.

DISCOUNT POLICY: 10% discount per program registration applies for second (or subsequent) family member(s).

PAYMENT TERMS: Payment in full is due before the start of the program. Please mail your payment to the address listed below.

** If a rower is unable to complete the season, fees will not be refunded except for medical reasons.*

My son/daughter has read, understands, and agrees to follow all the rules of the Rivanna Rowing Club. He/she further agrees to follow all directives given by the coaches. I understand that failure to follow any rule may result in his/her expulsion from the program.

By signing below, I declare that my son/daughter is a capable swimmer.

I have registered my email address DIRECTLY on the RRC list serve (see Web site for instructions).

Parent's Signature

Date

2009 Waiver Form



RIVANNA ROWING CLUB
P.O. Box 5797
Charlottesville, VA 22905
434 978-2092
www.rivannarowing.org

IN CONSIDERATION of being given the opportunity to participate in any **RIVANNA ROWING CLUB** ("Club") activities ("Activity") until **MAY 15 OF THE YEAR FOLLOWING THIS CALENDAR YEAR.** I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land-based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releases named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

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.

Printed Name of Participant:

Address: _____
STREET

CITY STATE ZIP

Phone: (_____) _____ **Date:** _____

Participant's Signature (only if age 18 or over):

PARENTAL CONSENT

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 Releasees, 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.

Printed Name of Parent/Guardian:

Address _____
STREET

CITY STATE ZIP

Phone: _____ **Date:** _____

Parent/Guardian Signature (only if participant is under the age of 18):