

# GREATER LAWRENCE ROWING

## Consent and Liability Waiver

### **LIABILITY WAIVER:**

I understand that GREATER LAWRENCE ROWING, (a program of **The Greater Lawrence Community Boating Program, Inc.**), GREATER LAWRENCE ROWING staff, volunteers, and the participating rowing facilities shall not be liable for any accident or illness or any claims, demands, injuries, or damages to the member noted below (1) resulting from his/her participation in GREATER LAWRENCE ROWING or (2) in connection with his/her use of the rowing facility, equipment, or premise where these practices and competitions take place. If I, or anyone on my behalf makes a claim against GREATER LAWRENCE ROWING, GREATER LAWRENCE ROWING staff and/or volunteers, or the participating rowing facilities arising from my participation in any GREATER LAWRENCE ROWING program or premises where these practices and competitions take place, I agree to indemnify and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against them, whether the claim is based on negligence or otherwise.

\_\_\_\_\_ (Member's Initials)

### **PHOTO RELEASE:**

I give GREATER LAWRENCE ROWING permission to use my photo and statement, about the program in materials that promote GREATER LAWRENCE ROWING. These may include brochures, newspapers, the Internet, radio magazines, or television.

\_\_\_\_\_ (Member's Initials)

### **EMERGENCY MEDICAL AUTHORIZATION:**

**We would like you to be aware that rowing does present risks and if a situation arises, we would not hesitate to seek emergency care. We ask you to sign this section so that if by chance your emergency contact cannot be reached in an emergency, you may receive medical treatment as soon as possible.**

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of tests, drugs, anesthesia and/or blood transfusions to the below named person that may be ordered by a Physician, Dentist and/or any Emergency Medical professional in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the below named person to the hospital.

\_\_\_\_\_ (Member's Initials)

*I sign this agreement on my behalf and on behalf of my personal representatives, assigns, and heirs and next-of-kin. I hereby give my permission for emergency treatment and assume financial responsibility for such treatment.*

**Member's Name:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

GREATER LAWRENCE ROWING, 1 EATON ST., LAWRENCE, MA 01842

[www.growing.org](http://www.growing.org)

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