



Please complete this form before participating in any class, program or event at PVRC.

Participant Information

Participant's Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Rower's Cell: _____ Email: _____

Parent/Guardian (youth only) _____ Cell Phone _____

Parent Email _____

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____ Email _____

Health Information:

Primary Health Care Provider: _____ Phone: _____

Date of last Physical: _____ Are you cleared by a physician to participate in physical activity? _____

Please indicate if you have any of the following: Life Threatening Allergy, Diabetes, Severe Asthma, History of Seizures or Chronic Health Problems: _____

I carry Medication/EpiPen/Inhaler for: _____

Please provide a medical action plan from your physician if you have listed any life threatening issues above. It is the responsibility of the participant to know the location of Medication/EpiPen and how to administer.

I GIVE PERMISSION FOR THE STAFF AND COACHES OF PVRC, A HOSPITAL, OR A PHYSICIAN TO PROVIDE EMERGENCY CARE FOR ME (OR THE ABOVE STATED CHILD).

Signature: _____ Date: _____

ELECTRONIC IMAGERY

From time to time, digital photos, videos of practice or competition, and other publicly obtainable images of the athlete – individually or in groups – may be taken. These photos and/or videos may be submitted to local, state or national publications, used in PVRC videos, posted on PVRC or PVRC associated websites, or offered to the PVRC families seasonally on disc or other electronic form. It is the default policy of PVRC to allow such practices as long as the athlete or athletes are in public view and such imagery is both appropriate and in the best interest of the athlete and the PVRC.

Please fill out both sides of this form



LIABILITY RELEASE AND PROMISE NOT TO SUE
(PLEASE READ CAREFULLY)

I (PLEASE PRINT NAME) _____, have made no misrepresentation regarding my name, address or age. I understand that biking, running, rowing, Dragon boating, canoeing, kayaking, and stand up paddle boarding are all potentially **HAZARDOUS ACTIVITIES**.

I understand that the above activities and the use of all equipment provided for the event at the Pioneer Valley Riverfront Club involve risk of injury to any and all parts of my body. I hereby agree to freely and expressly assume and accept any and all risks of injury or death from the use of this equipment while participating in this activity.


I agree to indemnify and hold harmless the Pioneer Riverfront Club, its owners, employees and agents for any loss or damage, including any that result from claims for personal injury or property damage related to the use of equipment pertaining to biking, running, rowing, Dragon boating, canoeing, kayaking, and stand up paddle boarding at Pioneer Valley Riverfront Club.

I will not modify the rented equipment in any manner including, but not limited to, attaching any human carrying devices to bicycles, such as child carrying device. I will obey all posted signs and trespass laws.

I understand that it is impossible to predict every situation and condition on the water, bike path or road surface the associated equipment will be used on, and that unmarked variations exist on the river and in road and pathway, along with bumps, stumps, rocks, and a variety of other hazards and obstacles. Therefore it is impossible to guarantee the rented bicycles, Dragon boat, row boats, canoes, kayaks and/or stand up paddle boards will perform safely in all situations. I further understand that it is impossible to predict traffic conditions and their risks at the time of my rental of the bicycle.


I realize that it is mandatory that I wear a helmet at all times while bicycling and life vest if under the age of twelve or while using the Dragon boat, kayaks, canoes, rowing equipment and stand up paddle boards. I also realize the helmet and life vest provided with the equipment is necessary safety equipment to help protect against injury, and agree to wear it. I understand there will be a charge for any protective equipment not returned. I understand that these items do not eliminate risk of injury or death to the user.

I therefore agree to **HOLD HARMLESS, RELEASE, DEFEND, AND INDEMNIFY** the Pioneer Valley Riverfront Club, its owners, agents, employees and volunteers from any and all liability for damages and personal injury to myself or any person or property resulting from negligence in selection, adjustment, instruction of use, and/or maintenance of this equipment, accepting myself the full responsibility for any and all resulting damages or injury.

 **PLEASE SIGN:** _____

I agree that there have been no warranties, expressed or implied, which have been made to me which extend beyond the description of the equipment listed on this form. I acknowledge that I have carefully read and understand this agreement and release of liability. I understand that my signature below expressly waives any right to file a suit against the Pioneer Valley Riverfront Club for any suffered injury or damages. I further understand that this document serves as a contract which limits my legal rights, and which is binding upon me, my heirs and my legal representatives.


I HAVE CAREFULLY READ THE FOREGOING RELEASE AND UNDERSTAND THAT THIS IS A CONTRACT THAT WILL LIMIT MY LEGAL RIGHTS AND SHALL BE BINDING ON ME, MY HEIRS AND ASSIGNS.

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|--------------------|-------------------------|------|-----|
| Participant's Name | Participant's Signature | Date | Age |
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Persons under 18 must have a parent/guardians signature

As a parent/guardian of a minor participant, I have the authority to execute this Agreement for him/her and I hereby consent and agree to be bound by its conditions and I shall Indemnify, Defend and Hold Harmless Pioneer Valley Riverfront Club for all awards, legal fees and expenses and settlements, including attorney's fees, for injuries to the participant arising out of Pioneer Valley Riverfront Club's negligence including negligent supervision.

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|----------------------|---------------------------|------|--------------|
| Parent/Guardian Name | Parent/Guardian Signature | Date | Relationship |
|----------------------|---------------------------|------|--------------|

Please fill out both sides of this form