

Learn2Row Pty Ltd - Participant Form

Surname: _____ **Given Names:** _____

Home Address: _____

_____ **Post Code:** _____ **D.O.B:** / /

PHONE Home: _____ **Mobile:** _____

Email: _____

Can you swim at least 100 metres unassisted (please circle): YES NO

If an emergency occurs, we should contact: _____

Relationship to you: _____ **Phone:** _____

Medical History

Your Physician is Dr. _____ **Phone:** _____

Question: Have you informed your doctor of your intent to embark on an exercise program? YES NO

Question: Have you any medical conditions, injuries, illnesses, recent operations or prescribed medication that could affect you while exercising? YES NO

If yes, please state: _____

If yes, we strongly recommend an ECG test if you are overweight and/or haven't exercised for an extended period.

We recommend that you consult your physician for advice regarding the necessity of having an ECG stress test. You will need a written referral if he/she believes the ECG test is necessary. This can be done at a non-invasive cardiac unit. Should you suffer from any pain, discomfort or injury whilst exercising, advise your instructor immediately.

Release and Waiver

I acknowledge and agree that rowing is an activity which has inherent dangers and risks, including risk of injury or death. I further acknowledge and agree that due to the nature of the activity, it would be unreasonable for learn2row Pty Ltd, its servants and its agents, and participants to be in any way responsible for any injury to me or death and to the full extent permitted by law, I waive all legal rights of action against and fully release learn2row Pty Ltd, its servants and its agents, and participants for loss, damage (including, but not restricted to loss or damage of the participants property), injury or death to the participant howsoever arising (other than as a result of the negligence by Learn2Row Pty Ltd) out of or in relation to the participant's participation in the activities conducted or organised by learn2row Pty Ltd, its servants and its agents, and participants. I also recognise that the instructor is not able to provide me with medical advice with regard to medical fitness and that the information contained in this form is used as a guideline to the limitations of my ability to exercise. I warrant that I am physically and medically competent to undertake an exercise program that may include some competitive activities. I have answered the questions above to the best of my ability and understand the advice above. I further acknowledge and agree that I have undertaken the activity freely, voluntarily and absolutely at my own risk and with a full appreciation of the nature and extent of all risks involved in the activity.

I have read and understand this waiver of my legal rights. DATE: / /

Signature of Participant (or Guardian if participant is under 18 years of age)

Signed: _____ **Print name:** _____