



ATHLETE WAIVER OF LIABILITY FORM

Please Print – Must be signed by athlete and by parents/guardians)

Athlete Name: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Athlete Home Address: _____

City/Province: _____ Postal Code: _____

Home Telephone: _____

I/We hereby give my permission for _____ (“athlete”), to participate in any way in any Row Nova Scotia Provincial/Canada Games Training Group, training, programs or activities starting immediately until January 31, 2013. I/we recognize that any sports activity such as crew may involve certain dangers, including, but not limited to, the hazard of rowing, shell/boat upset or collision with other watercraft, water immersion, lifting and carrying of shells and equipment, forces of nature, training and condition exercises, and the actions of crew participants and other persons.

I/We hereby provide consent for the athlete to train and row competitively with Row Nova Scotia Provincial/Canada Games Training Group, to train and compete under the supervisions of its coaches, to travel with a representative of Row Nova Scotia, to travel to Row Nova Scotia Provincial/Canada Games Training Group events, and to be transported by automobile driven by coaches, team members or parents/guardians to, from and otherwise in relation to practice and rowing events. In case of an accident or injury in which the above athlete is not able to give consent for medical care, I/we hereby give permission for the child to be given emergency medical treatment.

I/We hereby waive and will not hold Row Nova Scotia Board members, employees, coaches or other persons or entities involved with Row Nova Scotia, responsible or liable for any accident, injury or loss whatsoever as a result of participation by us and/or our athlete with Row Nova Scotia Provincial/Canada Games Training Group.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____