Intercollegiate Rowing Association Annual National Intercollegiate Rowing Association Regatta
Waiver and Release of Liability

Any volunteer, participant, employee or agent who works, competes, assists or is associated with this event is required to sign this form. This includes individuals involved in the actual conduct of the event.

IN CONSIDERATION of permission to participate in and related events and activities, I acknowledge that:

1. *By virtue of my attendance and/or participation I risk bodily injury, paralysis, dismemberment, and death, and other loss including damage to property. I understand that my attendance and/or participation in this event may result in my being struck by a crew shell, slipping and/or falling on a dock, falling into the water, heat exhaustion, hypothermia and/or drowning. These injuries are some, but not all of the possible injuries I could sustain.*
2. *I knowingly and freely assume all such risk.*
3. *I release, hold harmless and promise not to sue the Intercollegiate Rowing Association, its officers and staff, and its member Schools, USROWING officials, Quinsigamond Rowing Association (QRA), Princeton National Rowing Association (PNRA), agents, employees, and sponsors, with respect to any such injury, paralysis, dismemberment, death, or loss except that injury or loss which results from the gross negligence of willful or wanton misconduct of one of those individuals or organizations.*
4. *I understand that rowing is an extremely physically demanding sport, and I have received proper training and coaching through my school and coach. I am in proper condition to compete and/or participate in such and event. I understand that I may be required to row the course several times during the Championship event, and I have trained sufficiently, and I am in good shape, for this task. I understand that rowing requires me to be outdoors and that I am in proper condition to withstand exposure to the elements, even on a very cold or very hot Massachusetts or New Jersey day.*
5. *If any portion of this Waiver shall be deemed to be invalid, the remainder of this Waiver shall remain in force.*

Volunteer/Participant's

*Signature:*_____ *Date Signed:*_____

Volunteer/Participant's Name

*(print):*_____

For Volunteers/Participants of Minority Age :

If the volunteer/participant is **less than 18 years of age**, then the parent or legal guardian must also sign below. (The volunteer/participant must still sign where indicated above.)

This is to certify that, as parent/guardian of this volunteer/participant, I do consent to his/her waiver and release as set forth above.

*Parent/Guardian Signature:*_____ *Date Signed:*_____

Parent/Guardian Name

*(print)*_____

*Relationship:*_____

Please copy this form as necessary

Please email completed form to patrickdiggins@qra.org